LECTURES ON FEVERS:

BEING

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COMPRISING

A DESCRIPTION OF THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT

OF

THE SEVERAL FORMS

OF

CONTINUED FEVER.

BY

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LECTURE X.

MORTALITY OF CONTINUED FEVER.

Mortality of continued fever of all forms—tables of mortality of each form—mortality in different years—mortality of enteric fever—of typhus fever—of relapsing fever—influence of age on the mortality of fever—general deductions—change-of-type theory—prophylaxis of fevers.

THE mortality of fevers is an exceedingly interesting subject of inquiry, and although we possess statistical data in abundance to enable us to form correct conclusions as to the mortality of continued fevers, *as a class*, the death-rate of the individual forms has not, till very recently, been satisfactorily deduced, in consequence of the several types having been considered one and the same disease. But as each form comes to be more generally recognised, we shall not only arrive at more certain conclusions as to its mortality, but obtain much valuable information on many points which are as yet involved in obscurity.

Continued fevers have caused at times an incredible sacrifice of human life. You may remember that I stated, in my first lecture, that according to reports of the famine fever which raged in Ireland in 1817-19 returned to the Government, at least 65,000 individuals were destroyed by it in less than two years. The mortality varies according to certain circumstances: for example, it differs not only according to the form or type of the disease, but the death-rate of the same form varies in different years and in different places. Age, or period of life, too, has an important influence on the mortality. These propositions will be illustrated as we proceed.

Perhaps the most reliable information on the death-rate of fevers is the experience of the different hospitals; and I shall not, I hope, be accused of predilection in stating that the experience afforded by the records of the London Fever Hospital is exceedingly valuable in a statistical point of view, not more from the extensive field of inquiry than from the accuracy with which the cases are recorded, and the care with which the several forms of fever have for the last fifteen years been distinguished.

The mortality tables subjoined have been constructed on the experience of the last ten years only, and from the data thus afforded are drawn the conclusions which I shall briefly lay before you. And I am bound to state, and I do so with much pleasure, that for the statistical data I am indebted to the recently published paper of my colleague, Dr. Murchison, who, at my suggestion, availed himself of the opportunities the Fever Hospital has afforded, and produced a most valuable monograph on the mortality of the different forms of fever, and on the causes which apparently influence their prevalence.* I strongly recommend this paper to your perusal, as it embodies a mass of facts of extreme interest and importance.

* Med.-Chir. Trans., vol. xli., 1858.

TABLE V.

Mortality of the Cases of Continued Fever of all forms admitted into the London Fever Hospital in ten years, 1848-57.

Years.	No. of Cases.	Deaths.	Mortality per Cent.
1848	707	148	20·93
1849	401	65	16·21
1850	361	50	13·85
1851	614	43	7·00
1852	561	50	8·91
1853	787	149	18·93
1854	714	112	15·68
1855	622	113	18·16
1856	1300	230	17·69
1857	561	99	17·64
Total ...	6628	1059	15·98
Deducting cases fatal within 24 hours after admission	6567	998	15·19
Deducting cases fatal within 48 hours	6482	913	14·07

From this table it appears, that of 6628 patients admitted, comprising all the forms of fever described, the total number of deaths was 1059, or in the ratio of nearly 16 per cent., or 1 in 6¼. If from this number, however, be subtracted 61 cases, which proved fatal within twenty-four hours, the admissions will be reduced to 6567, and the deaths to 998, or in the ratio of 15·19 per cent. Or if the cases which died within forty-eight hours be deducted, the admissions will stand 6482, and the deaths 913, or in the ratio of 14·07 per cent., or less than 1 in 7.

This rate of mortality, deduced from the experience of the Fever Hospital, including not only every form of fever, but every variety of complicated cases, is probably somewhat higher than the death-rate of a like number of cases treated under more favourable circumstances. But it must be taken into account, as stated in almost every annual report of the Hospital, that patients are received too often in the most hopeless condition, not only in very advanced periods of life, but under circumstances precluding all hope of recovery. This statement is proved by the very large proportion of patients who do not survive forty-eight hours after admission, as well as by the numbers received in a moribund state.

In regard to the mortality in different years, the table shows considerable variation. Thus, in one year (1851), the total death-rate was 7 per cent. only; in the following year it was nearly 9 per cent.; while in 1848 it exceeded 20 per cent.: and if the mortality of one form be taken, it appears that in two years—viz., in 1849 and 1857—the death-rate of typhus cases exceeded 25 per cent.

Dr. Murchison, in the paper alluded to, has made a valuable addition to our own statistics, by giving the mortality from fever of all forms, collated from the records of eleven other hospitals during the last eighteen years. Of these, one is in London, four in the provinces of England, three in different large towns in Scotland, two in Ireland, (Dublin and Cork,) and one in Stockholm.

From these data, we find that in St. George's Hospital, London, the average mortality from all forms of fever was 11·3 per cent., or 1 death in 8⅘; in Nottingham General Hospital, 12·78 per cent., or 1 in 7⅘; in Birmingham Queen's Hospital, 14·08 per cent., or 1 in 7 1/10; in Bristol Royal Infirmary, 9·47 per cent., or 1 in 10; in the Edinburgh Royal Infirmary, 11·61 per cent., or 1 in 8⅔; in the Aberdeen Royal Infirmary, 9·14 per cent., or 1 in 11; in the Glasgow Royal Infirmary, 11·28 per cent., or 1 in 8⅞; in Dublin Cork-street Fever Hospital, 7·46 per cent., or 1 in 13⅖; Cork Fever Hospital, 4·3 per cent., or 1 in 23⅓; in the Stockholm Seraphim Hospital, 10·6 per cent., or 1 in 9⅖.

On this comparative table Dr. Murchison remarks, that the rate of mortality from fever during a series of years differs but little in the various hospitals of England and Scotland, being about 1 in 8; in some rather more; in others, rather less. In the Aberdeen Royal Infirmary, however, the mortality from

8783 cases during eighteen years has been only 1 in 11. This was due to the small mortality of the four years, 1842–4.

Taking the cases only for the last ten years, the mortality in Aberdeen, as elsewhere, was 1 in 8¼. Again, in every instance, it will be seen that the mortality has varied greatly from year to year. In Aberdeen, it was under 4 per cent. one year, and in another, nearly 18 per cent. At Nottingham one year it was 30 per cent.; in another less than 7 per cent. The mortality at Stockholm appears to be much the same as in England, perhaps rather less.

To these results, the Irish hospitals present a marked antithesis. Out of 150,939 cases of fever admitted into the Dublin Fever Hospital, since the year 1817, only 10,632, or less than 1 in 14 died, and during the last eighteen years, the mortality has been only 1 in 13⁹. Again, in the Cork Fever Hospital, the mortality has been much less. Since the year 1817, out of 82,293 patients, only 3222, or 1 in 25¼ have died; and during the eighteen years contained in the table, the mortality has only been 4¼ per cent., or 1 in 23½. Moreover, the rate of mortality has varied much less in different years than in England and Scotland. Thus, in Dublin, in no year during the last forty, has it reached 10 per cent.; and in the Cork Hospital, in only one year of the last forty, has it slightly exceeded 6 per cent. In Barker and Cheyne's report of the Irish epidemic, 1817–19, it is stated, that out of 100,737 patients in the hospitals of all Ireland, 4349 died, making the mortality 4·3 per cent., or only 1 in 23½. No doubt, as Dr. Murchison says, this small mortality is partly accounted for by the greater facilities afforded to mild cases for entering the hospitals in Ireland; but whether this be the case or not, it plainly shows that there is a form of fever constantly prevailing in Ireland, which is much milder, and in which the mortality is consequently much less, as compared with the fevers that prevail in this country.

TABLE VI.

Mortality of the different Forms of Continued Fever admitted into the London Fever Hospital during ten successive years, 1848–57.

Years.	Typhus.			Enteric.			Relapsing.			Febricula.	
	Admissions.	Deaths.	Per Cent.	Admissions.	Deaths.	Per Cent.	Admissions.	Deaths.	Per Cent.	Admissions.	Deaths.
1848	526	106	20·15	152	41	26·97	13	1	7·69	16	0
1849	155	39	25·16	138	26	18·84	29	0	...	79	0
1850	130	24	17·69	137	24	17·57	32	2	12·5	62	0
1851	68	6	8·82	234	30	12·82	256	7	2·73	56	0
1852	204	24	11·76	140	25	17·85	88	1	1·13	129	0
1853	408	90	22·06	211	59	27·96	16	0	....	152	0
1854	337	67	19·88	228	44	19·3	5	0	....	144	0
1855	342	83	24·27	217	30	13·82	1	0	....	62	0
1856	1062	207	19·49	149	23	15·43	...	...	...	89	0
1857	274	69	25·18	214	27	12·61	1	0	....	72	0
Total ...	3506	715	20·36	1820	329	18·07	441	11	2·49	861	0

1. *Mortality of Typhus Fever.*—According to the table, the mortality of typhus, including all cases, is 20·39 per cent., or nearly 1 in 5; but if the cases that died within twenty-four hours be deducted, it is 19·3 per cent. only; or if those which died within forty-eight hours be subtracted, it falls to 17·7 per cent., or about 1 in 5⅝.

This appears to be the average death-rate in other places. For example, in the Edinburgh Infirmary in the years 1848 and 1849 it amounted to 22·3 per cent., and in the Glasgow Infirmary, for eleven years, it was 18 per cent.

2. *Mortality of Enteric Fever.*—The mortality of enteric fever turns out to be rather under that of typhus. Out of the 1829 cases treated in the London Fever Hospital, 333 died, being in the ratio of 18·29 per cent., or about 1 in 5½; and if the cases fatal within twenty-four hours be deducted, it falls to 17⅞ per cent.; or if those who died within forty-eight hours be subtracted, it is less than 17 per cent., or nearly 1 in 6. In one year, however, (1853,) the death-rate was greater than any year from typhus—viz., 28 per cent., or about 1 in 3½; and in another year (1848) nearly 27 per cent., or about 1 in 3 7/10. The smallest mortality in any year was about 13 per cent., so that in no year was it so low as it has been in some years from typhus; and, as Dr. Murchison has pointed out, the year in which the mortality was least was also that in which there was the greatest number of cases, whereas the mortality from typhus appeared to be lowest when it was least prevalent.

In the Glasgow Royal Infirmary, the mortality from this form (enteric fever) has exceeded even that in London, being 21·6 per cent., or nearly 1 in 4½.

3. The *mortality of Relapsing Fever* is very small. According to the table it is not more than 2½ per cent., or 1 in 40. In the Edinburgh epidemic of 1848–49, it was under 4 per cent., and in that of Glasgow, between the years 1843 and 1853, it was 5 per cent.

The comparatively small rate of mortality of relapsing fever has an important bearing on the question of the mortality of fever as a whole. In proportion as it prevails at any time, will the death-rate of fever, including all forms, be diminished; and this circumstance explains the small rate of mortality in the London Fever Hospital in 1851, as well as in the epidemics that prevailed in Edinburgh, Aberdeen, and Glasgow in 1843.

Dr. Murchison strongly, and with much truth, urges the importance, when comparing the mortality from fever at different times and places in order to judge of the merits of different plans of treatment, or for other purposes, of taking into account the form of fever which has prevailed. Thus, while the total mortality from fever in Glasgow was much below that of the London Fever Hospital, that in each of the individual forms was greater, the difference resulting from the much larger proportion of relapsing cases which occurred in Glasgow. The same remarks apply also to febricula, of which the greater the proportion of cases, the less will be the rate of mortality for all the cases of fever taken together.

It is very probable that the small death-rate constantly observed in the Irish fevers may admit of the same explanation.

Influence of Age on the Mortality of Fever.—According to the experience of the London Fever Hospital, the mortality of all forms from five to ten years of age was 7·65 per cent.; between ten and fifteen, it was less than at any other period of life; after this, it increases rapidly, until of those above fifty years of age, the mortality reaches 48¼ per cent., or nearly one-half.

In regard to the mortality of individual forms, the subjoined table gives in one view the mortality of the different forms at each quinquennial period of life. (See Table VII.)

The death-rate from typhus between the ages of five and ten, appears to be only 7·65 per cent.; between ten and twenty, it is under 5 per cent. After the age of twenty, however, it increases rapidly, so that of those above thirty years of age the mortality is 36 per cent.; above forty it is 43·66 per cent.; above fifty it is 55·82 per cent.; and above sixty, it reaches as high as 62·34 per cent.

The mortality from enteric fever between the ages of ten and fifteen is about 13 per cent., showing a smaller death-rate in early life than in typhus. At the different periods of life, too, there is greater uniformity in the mortality than in typhus, though, as in typhus, the death-rate keeps pace with advancing years. For example, above thirty years of age, the ratio is 27·38 per cent.; above forty, it is 27·17; above fifty, it is 46·15; above sixty, it is 55·55 per cent.

It may be noticed as singular that in both typhus and enteric fever, the death-rate is lowest between the ages of forty and

forty-five than in the period of life immediately preceding, nor should the fact of the greater mortality of typhus and relapsing fever in advanced life be overlooked.

Lastly, from the mortality table deduced from the records of the Fever Hospital, it comes out that the mortality from fever of all forms increases as life advances, the mean age of the fatal cases far exceeding that of those who recovered; for while the mean age of those who died (including all forms) was thirty-six, the mean age of those who recovered was only twenty-four.

As to the influence of *sex* and of *season* on the mortality of fever, neither the one nor the other seems to have any particular effect.

TABLE VII.

Mortality of the different Forms of Fever for each Quinquennial Period of Life, deduced from 6628 Cases admitted into the London Fever Hospital in Ten successive Years, 1848–57.

AGES.	TYPHUS.			ENTERIC.			RELAPSING.			PERICULA.	
	Admissions.	Deaths.	Per Cent.	Admissions.	Deaths.	Per Cent.	Admissions.	Deaths.	Per Cent.	Admissions.	Deaths.
Under 5 years ...	17	3	17·65	4	0	0	4	0	0	8	0
From 5 to 10	183	14	7·65	103	14	13·59	32	0	0	83	0
,, 10 to 15	363	18	4·95	250	32	12·8	63	1	1·58	133	0
,, 15 to 20	546	26	4·76	519	84	16·18	92	1	1·08	186	0
,, 20 to 25	495	48	9·69	404	81	20·05	76	0	0	163	0
,, 25 to 30	343	52	15·15	240	45	18·75	37	0	0	60	0
,, 30 to 35	323	55	17·02	100	30	30·	37	3	8·1	67	0
,, 35 to 40	270	89	32·96	60	14	23·33	19	2	10·52	45	0
,, 40 to 45	292	87	29·79	46	8	17·39	40	1	2·5	44	0
,, 45 to 50	212	82	38·68	20	5	25·	8	2	2·5	20	0
,, 50 to 55	150	77	51·33	8	2	25·	15	0	0	12	0
,, 55 to 60	100	51	51·	9	4	44·44	7	1	14·28	9	0
,, 60 to 65	88	49	55·68	7	4	57·14	5	0	0	6	0
,, 65 to 70	42	28	66·66	1	1	100·	1	0	0	5	0
,, 70 to 75	24	17	70·83	0	0	0	1	0	0	3	0
,, 75 to 80	6	5	83·33	1	0	0	0	0	0	1	0
Above 80 years ...	2	2	100·	0	0	0	0	0	0	0	0
Not ascertained ...	50	12	22·	48	5	10·41	4	0	0	16	0
Total	3506	715	20·36	1820	329	18·07	441	11	2·49	861	0

Change-of-Type Theory.—Before entering on the consideration of the treatment of the several forms of fever, it is necessary that I should advert to an important part of their pathology—the question of fevers, and indeed of acute diseases in general, having for a long series of years past undergone a change of type. This doctrine is now agitating in no small degree the medical and even the general community, and, as usual in such controversies, with no lack of combatants on either side. The one party contends that the changes that have recently taken place in the views of a considerable proportion of the profession as to the treatment of acute maladies, including fevers, are to be ascribed mainly to the circumstance that the whole range of pyrexial diseases have for more than a quarter of a century undergone a marked change in epidemic constitution (to adopt the term employed by Sydenham), or, according to modern phraseology, a change of type, the vital powers being supposed to be in a low or depressed state, and therefore unable to withstand the combined influence of the disease and the routine antiphlogistic treatment, more especially bloodletting. Others assert, and in my opinion upon philosophic grounds, that these recent therapeutic innovations are the result of improved views of pathology—of a more correct knowledge of the various processes that take place in the living body consequent on diseased action, as well as of a more just appreciation of the probable powers of remedies in controlling it. They entirely repudiate the idea that there has been such an alteration in the epidemic constitution or type of diseases as to warrant the almost total change of treatment recently advocated.

If we examine closely this theory as applicable to the acute diseases of the last thirty years—and this can only be undertaken by those who have witnessed and studied their type during the period referred to,—and weigh dispassionately the evidence adduced, more especially by Nature herself, I apprehend that the true explanation of the difference of treatment will be found to consist in the more cautious or restricted notions now entertained as to the necessity for the heroic remedies formerly so freely, and I may say indiscriminately adopted. Even those who are in favour of this doctrine cannot assert that the pathological phenomena of acute diseases have undergone a change, for the symptoms general and local, and also the essential morbid processes of the entire class of pyrexial diseases have not undergone the slightest alteration; and if the evidence as to the depressed or asthenic condition of the vital powers be scrutinized, I have a strong impression that the conclusions adopted, more especially in reference to fevers as a class, are not warranted by facts. And how important is it to form a correct judgment of this doctrine, since it determines the line of treatment to be pursued, and may even involve the safety of many valuable lives!

The subject has not escaped my attention, and I have come to the conclusion that though certain cyclical differences in acute diseases of longer or shorter duration, may have been occasionally detected, the notion of change of type, as regards the various forms of fever, has been greatly exaggerated.

Let me state the grounds upon which I have come to this conclusion, which I admit is at variance with the ideas of many physicians whose knowledge and judgment entitle them to great consideration.

We find that Sydenham, who is considered to be the author of this change-of-type theory, cautioned the medical men of his day against too hastily determining the treatment of a new epidemic—until, in short, the practitioner and the disease were better acquainted—on the reasonable ground that epidemics assumed at one time a more acute or phlogistic, at another a less acute or asthenic character; but we do not find that he had observed a change in one direction only, and for so lengthened a period as considerably more than a quarter of a century. If the records of epidemics of other varieties of fever be examined—the eruptive, for example—it will be evident that, during the same period (in small-pox, measles, and scarlet fever) every variety or modification of type has been observed, the type being sometimes acute, sometimes more or less asthenic, and requiring, consequently, variation in treatment.

I apprehend that the true explanation will be found in the fact that, until very recently, little or no attention has been paid to the ever-varying differences in form which fever assumes—at one time typhus, at another enteric or typhoid, or it may be relapsing fever, constituting the features of the prevalent fever, though it should be kept in view, that whatever be the character or type of an epidemic, individual differences arise, according to the peculiar circumstances in which a single individual, or a number of persons, or a community, may be accidentally placed. The question of the identity or non-identity of the several forms of continued fevers thus becomes of the greatest importance in relation to the change-of-type theory. For example, the great argument adduced by those who support the doctrine is, the decided results in the Edinburgh epidemic of 1817–20—and which I had the opportunity of witnessing—of the large indiscriminate bleedings in diminishing the mortality. This argument how-

ever, loses much of its intended effect when it is considered that by much the larger number of cases consisted of relapsing fever—a form the mortality from which has already been shown to be exceedingly small under any kind of treatment; and that the death-rate has been even less when no blood was abstracted at all. As in other epidemics, the mildness or severity of this fever has varied at different times. We are told, somewhat exultingly, that under the unnecessarily profuse phlebotomy practised in 1817–20 the mortality did not exceed 1 in 22 at any period of the disease, and was reduced so low as 1 in 30 as the epidemic spread; but in the argument it has been overlooked that the mortality of this fever is liable to much variation. For example, in the epidemic of 1843, the history of which has been given by Dr. Cormack, the deaths were 1 in 16; of the cases recorded by Dr. Wardell (1843–4), it was 1 in 20; and of 203 cases treated in the Edinburgh Infirmary in 1848–9, there were only 8 deaths; and if we extend our inquiries to other places, we find that of 7804 cases of relapsing fever admitted into the Glasgow Infirmary between the years 1843 and 1853, the deaths were 405, or about 5 per cent.; and in the London Fever Hospital, of 441 cases admitted during ten years (1848 to 1857), 11 died, or in the ratio of about 1 in 40.

This variation in the mortality could not be ascribed to the remedies employed; for Dr. Cormack states that, having been urged by medical friends to test the effects of bloodletting, he instituted trials of this remedy, but candidly admitted that, though the symptoms were sometimes evidently relieved, the beneficial changes were often not effects but sequences of the bleeding, as was satisfactorily proved by the very same changes frequently occurring as suddenly and unequivocally in patients in the same wards, and affected in the same way, *who were subjected to no treatment whatever*. And in regard to the treatment instituted at the London Fever Hospital, when the mortality of relapsing fever did not exceed one in forty, with scarcely an exception, no blood was abstracted at any period of the disease.

It is clear, therefore, that the change-of-type theory cannot rest on comparison of the treatment by indiscriminate phlebotomy formerly practised, when all acute diseases, including fevers, were supposed to be under the dominion of the lancet.

But though the grounds on which the question has been argued are, in my opinion, erroneous, one good result has followed in the death-blow which the practice of indiscriminate phlebotomy, formerly adopted in all acute maladies, has received; for too often little or no regard was paid to individual peculiarities, or even to the stage of the disease for which the bleeding was employed. The inquiry was simply as to the existence of fever or of inflammation; and, the question once settled, the lancet was unsheathed, and much blood unnecessarily shed, and from the effects of which the patient did not recover perhaps for months. But, on the other hand, there is great hazard of many important diseases being allowed to gain the ascendancy from the indecision that has resulted from the complete alteration of therapeutic principles which the discussion of this question has brought about. My own experience tells me that I have witnessed the same good effects from moderate abstraction of blood in some forms of acute disease—occasionally even in the early stage of enteric fever—as in bygone days. I have not observed that loose condition of the crassamentum of the blood, nor the absence of the buffy coat so characteristic of low vitality, but I have been careful in the selection of cases as well as of the period of the disease before resorting to bloodletting; and I am satisfied that, with this precaution, there will in general be little regret that this remedy, powerful for good or for evil, has been had recourse to. It is, however, consoling to observe, that in the present day there is a more just appreciation of the powers of curative agents, as well as of the principles on which they should be applied, not only in acute but in chronic diseases. This is the consequence of studying the effects of disease on individual structures, and of the efficacy or inefficacy of remedies to subdue the changes that take place when certain morbid actions have become established. We are now, or ought to be satisfied, that the most scientific as well as the most successful course in many acute diseases, after a certain period, is not to interfere too much, if at all, with the operations of Nature in her efforts to repair the injury parts or organs have sustained by disease.

Prophylaxis of Fevers.—If the modern view of the nature of fevers—the doctrine which teaches us to consider all forms as originating in certain changes in the blood—be accepted, it is a natural subject of inquiry if there be any means of counteracting or neutralizing the effects of the fever poison, and thus preventing the development of the disease?

By some, *bloodletting* has been proposed and practised, though were such a proceeding in the present day hinted at, few patients would be found inclined to submit to it. In former years, however, I have seen this practice pursued, and in one of my attacks, when certainly all the usual premonitory symptoms had apparently set in, I am satisfied that the disease was arrested by a single prompt bleeding; and I certainly have witnessed the same good effects from this remedy in others. But this practice was put in force in days when bloodletting was supposed to be the great remedy in all acute diseases, including fevers. The case would, however, be special indeed for which, in the present day, bleeding would be resorted to as a prophylactic or preventive remedy.

The exhibition of *emetics* has been proposed, on the supposition that, the virus or poison of fever acting primarily on the gastric system, the early administration of an emetic, by removing the offending agent, might probably intercept its absorption into the blood. According to others, by the act of vomiting, and the general commotion thus induced, the poison has been supposed to be got rid of, and its effects prevented. Some, again, have thought, that as there is an admitted sympathy between the stomach and the skin, the sickness and vomiting cause a determination to the surface, and in this way an exit for the disturbing material may be established.

But, unfortunately for this theory, the absorption of the poison is more probably effected through the pulmonary system, and with such rapidity does it often appear to act on the blood and solids, that even the early exhibition of an emetic may be too late for the anticipated results.

Equally insufficient grounds have been adduced for the employment of *diaphoretics*, which appear to have been suggested by observing the occasional termination of acute diseases by sweating. No one, however, I believe, ever witnessed a single instance in which there was the smallest ground for believing that the fever poison was dislodged by such means.

The *cold affusion*, first introduced and warmly advocated by the late Dr. Currie, has been put to the test of experiment; but notwithstanding the bold affirmation of its author, that if resorted to at the very commencement of the fever—at all events before the third day—it very generally, if not invariably, put an end to the symptoms, in fact, extinguished the disease—the experience of those who have given this method a fair and impartial trial is by no means favourable to its adoption. When I acted as clinical assistant to the late Professor Home in the Edinburgh Infirmary, the cold affusion was fairly tested, and the result was, that not in a single instance was the fever cut short, or its duration apparently abridged by it. It should, moreover, be kept in view that it is applicable only to the more acute forms of fever in vigorous subjects; for in the more delicate the shock may be too great, and death even result from the practice—an event which occurred many years ago in the family of a late eminent professor, and tended to throw the practice into discredit, and ultimately led to its final abandonment. The late Dr. Williams, in his work on "Morbid Poisons," p. 71, says—"If we turn from this empirical practice of cold affusion to the great and leading doctrine of fever, which attributes this disease to the action of a morbid poison, it will be plain, if that hypothesis be correct, that cold affusions could not interrupt the course, though it might modify the symptoms. A poison circulating with the blood cannot be removed from the system by ablution of its surface. No person expects to stay the course of small-pox, of scabies, or of syphilis by a similar application. We might, therefore, have predicated, *à priori*, that cold affusion could not remove from the body the poison of typhus fever, and consequently had no power to stop the course of the disease, though it might modify the symptoms."

The *cinchona bark* (or the salts of quinine) has by some been supposed to have a specific power in arresting the progress of fever. It has been exhibited with this view in large doses, repeated at short intervals until the peculiar effect of the remedy—cinchonism—has been induced, indicated by headache, vertigo, tinnitus aurium, and a sedative effect on the heart's action. This remedy, like others, after being much extolled, had fallen into disuse, until recently revived by Dr. Dundas, of Liverpool, both as a prophylactic and curative agent. The united testimony, however, of those physicians of whom I have made inquiry as to the results of trials made with this remedy lead to the inference, that its administration in any form of continued fever, as a preventive or prophylactic agent, cannot be relied on, and accords with my own experience in the few cases in which I have employed it for this purpose.

From these cursory remarks, therefore, it is apparent that fever, when once developed, can rarely be arrested; or, in other words, that the means of expelling the poison, or of de-

priving it of its noxious effects, have yet to be discovered. The duty of the practitioner is to endeavour to guide the disease, and to prevent as much as possible injury to organs essential to life, bearing in mind that this requires a certain and probably definite time to accomplish, even under the most judicious treatment.

OBSERVATIONS
ON THE
TREATMENT OF ACUTE AND CHRONIC ALBUMINURIA.

BY GEORGE CORFE, M.D. LOND.

DURING the last outbreak of cholera in London—namely, in 1854—many of its victims who recovered from the direful scourge were left the subjects of more or less permanent uræmia. Some of these cases proved fatal, and the mode of death differed but little from uræmic poisoning in the ordinary forms of morbus Brightii or albuminuria. The progressive and fatal steps of the disease were, insidious coma, total and permanent suppression of urine, a small pupil and a hazy cornea, a peculiar flabbiness on handling the fleshy parts of the body, and well-marked fumes of muriate of ammonia were formed, as a mirror, moistened with hydrochloric acid, was made to receive the exhaled breath of the patient. This latter pathological feature is induced by the non-eliminated urea becoming converted in its elements to ammonia when it arrives at the pulmonary cells for exhalation, and is oftentimes a most valuable indication of the existence of uræmic poisoning. The frequent occurrence of albuminuria in hospital practice since 1854 has induced me to keep a record of many of the most interesting forms of this disease; and in watching the progress of the affection, I have been led to group certain distinct phenomena, which will enable us to form an accurate basis, and serve as a diagnostic mark between the acute and chronic stages of this intractable malady. Such a desideratum appears the more necessary when we reflect how different the treatment should necessarily be in each form, and that by a judicious management of the acute, the direful ravages of a chronic stage are thereby obviated.

It may be stated, then, as a pretty general rule, that where the urine is scanty, the specific gravity variable from 1010 to 1020, the morning secretion (urina sanguinis) lighter than that of the afternoon (urina chyli), the albumen copious both by nitric acid and by heat, the tube-casts abundant, the urine smoky and frothy, with or without oil-corpuscles, though the amount of dropsy be small, yet the disease is, under these circumstances, in its early and acute form.

On the other hand, a chronic stage may be readily diagnosed by the following physical signs:—The countenance has already become more or less cachectic; there is frequent nocturnal micturition; the albumen is scanty, perhaps altogether absent; the specific gravity rarely exceeds 1010, and is persistent in weight; its acidity is so faint that it can scarcely be exhibited, and there is a strong tendency in it to pass into an alkalescent state under the smallest doses of alkaline remedies; the colour is of the palest straw. The skin assumes a faint but distinct shining appearance, as though a thin layer of collodion or gum had been painted over its surface. There are frequent attacks of frontal headache; tinnitus aurium, lumbago, and general prostration of the system are also sequences of the acute form of the disease. It is by no means a rule that dropsy should supervene in such a change of structure as that which the kidneys undergo in the chronic form of albuminuria; indeed, this symptom is more frequently absent, but usually present in the majority of acute cases of the disease.

The pathological appearances of the two forms, the tendency to inflammation of the serous membranes, the frequent fatal attacks of renal epilepsy, and other cerebral disturbances from uræmic poisoning, have been pointed out by others, so that I need not dwell upon these phases of the disease. My special object is to give to the profession some of the results of a successful treatment of the acute and of the chronic form. Amongst several hundred cases which have passed under my notice in hospital practice, I cannot find from the notes on them that there was any connexion between this disease and scrofula. Dr. Bright considers the occurrence of tuberculosis with albuminuria to be "decidedly rare;" and on this account, perhaps, one may prefer the more frequent adoption of an antiphlogistic and powerful drastic treatment in the early stages, which would be inadmissible if experience and pathology led us to suspect a complication of tuberculosis with the disease.

In treating, therefore, of the acute stage, my experience justifies me in urging strongly the adoption of one of the two following lines of practice:—If the patient has had no previous attack, and has lived temperately, and was otherwise in good condition before the invasion of the disease, then I would recommend a small bleeding, so as to affect the pulse under the finger; and, after two hours, the exhibition of half an ounce of fresh-made infusion of digitalis every hour for three doses. Both the bleeding and the diuretic should be administered early in the day. After a pause of twenty-four or thirty-six hours, according to the condition of the vascular system, the same dose should be repeated, and even to a third and fourth repetition, followed on each occasion by copious draughts of "nitre-drink," the form for making which is simply to dissolve a drachm of the nitrate of potash in a quart of thin barley-water, and a little "foots" sugar may be added to remove the mawkish taste. I have witnessed the most extraordinary results from this line of treatment; one instance of which will be seen quoted in Case 8. If the disease does not yield—that is to say, if the invasion of dropsy increases, the albumen is yet copious, the specific gravity high, the tube-casts numerous, and the urine scanty, instead of resorting to that mischievous and unscientific mode of attacking the enemy by stimulating congested kidneys, already semi-inflamed, with saline diuretics, (the evils of which practice by-the-bye I have too frequently seen displayed in a few days in the pathological theatre,) then a most valuable agent is to be found in the determined exhibition of elaterium, accompanied with daily dry-cupping to the loins, and a sudatorium at night. The form for exhibiting this drastic is the following:—Fresh extract of elaterium, half a grain; powdered capsicum, two grains; gamboge, three grains; soft extract of jalap, four grains: make two pills. One of these pills should be taken at six o'clock in the morning; the second at eight; and if no powerful drastic effect follows by nine A.M., a third dose may be given. The intense vomiting and purgation which ensue, it must be acknowledged, are very trying to the patient; but he is amply rewarded for his suffering by a subsequent relief to all his distress, so that he has oftentimes begged for a repetition of the pills before it was thought advisable to put him to a second trial, even when such an heroic treatment has been met by heroic suffering. I am convinced that the value of this drug is only appreciated by a few physicians; and even where it has been employed, the exhaustion consequent upon its action has deterred many practitioners from persevering in its use. But it ought to be borne in mind, that under such treatment the patient should be allowed a liberal quantity of animal food in the form chiefly of strong broths, with chops and steaks, together with a pint, at least, of stout or good ale, and vegetables, &c., daily.

I remember one instance amongst many which Dr. Watson was in the habit of mentioning to his class when speaking of the use of this drug in albuminuria. He was summoned to attend in consultation a case of the above disease. "When I arrived there," he would observe, "I found the man overwhelmed with anasarcous swellings, his dyspnœa was most urgent, and there appeared to be no prospect of relief. However, I ascertained from the practitioner that he had tried everything but elaterium. I urged its use, and prescribed some to be given immediately. Four or five years after this occurrence I was again in consultation with the same practitioner, when he asked me if I recollected the case of albuminuria, and what I gave him, adding that it made a complete cure of the man. I referred to my private notes, feeling assured the chief drug was elaterium, and so it proved, and this was the form I administered it in:—One grain of extract of elaterium, dissolved in an ounce of spirit of nitric ether; a small spoonful to be taken every hour until the bowels have been well opened."

TWENTY-EIGHT ACUTE CASES.

No.	Sex.	Age	Trade.	Ill.	Habits.		Urine.		Acid or Alkaline.	Appearance.	Hæmatine.	Red Corpuscles.	Albumen.		Cause Assigned.	Observations, Results, &c., and Treatment.
					Cleanly.	Temperate.	Sp. Gr.	Quantity.					NO_5.	Heat.		
1	M.	33	Smith	5 mths.	Dirty	Occasionally spirits	1018	Scanty	Acid	Smoky	Traces	None	Traces	Traces	Exposure to cold	Went out relieved. Elaterium in form of compound elaterium pill used.
2	M.	19	Pickler	2 mths.	Moderate	Temperate	1025 to 1046	Ditto	Ditto	Very smoky	Abundant	Traces	Copious	Copious	After an acute rheumatic attack	Went out convalescent, though traces of albumen were in urine.
3	M.	21	Driver	7 wks.	Ditto	Ditto	1012	Ditto	Ditto	Smoky	Traces	None	Ditto	Ditto	After gonorrhœa	Had rheumatic fever 3 years ago. Dropsy supervened soon after gonorrhœa was cured. Went out worse.
4	M.	42	Shopkeeper	3 wks.	Ditto	Ditto	1020	Natural	Ditto	Muddy	Much, $\frac{1}{10}$	Traces	Much	Traces	Exposure to cold	Whilst in search of a situation. Relieved.
5	M.	32	Carman	4 mths.	Cleanly	Occasionally spirits	1016	Ditto	Ditto	Opaque	None	Few	Cloudy	Flocculent	Rheumatic fever, 5 yrs.	Mitral valve murmur. Relieved.
6	M.	44	Painter	10 mths.	Moderate	Freely of spirits	1018	Ditto	Ditto	Smoky	About $\frac{1}{20}$	None	Copious	Copious	Exposure to cold	Free indulgence in drink. Returned in 2 months. Uræmia; coma; death.
7	M.	45	Cabdriver	6 wks.	Cleanly	Ditto	1020	Ordinary	Ditto	Smoky	Traces	Ditto	Traces	Traces	Ditto	Fatal in 18 days after admission.
8	M.	36	Cowman	4 wks.	Ditto	Never takes spirits	1012	Scanty	Ditto	Dark, like porter	Abundant	Many	Ditto	Ditto	Ditto	After a small bleeding and the use of infusion of digitalis. Diuresis set in abundantly. Urea in quantities in serum of blood.
9	M.	58	Musical Instrument Maker	6 wks.	Moderate	Freely of beer and spirits	1010	Much	Acid and alkaline	Darkish	Traces	None	Ditto	Ditto	Ditto	After walking from Manchester to London in search of work. Relieved.
10	M.	54	Ostler	6 wks.	Dirty	Freely of beer and occasionally spirits	1018	Scanty	Acid	Smoky	None	Ditto	Ditto	Ditto	Ditto	Fatal in 27 days after admission. Small kidneys. Uræmia.
11	F.	25	Married	1 mth.	Cleanly	Temperate	1028	Ditto	Ditto	Dark	Some	Trace	Ditto	Ditto	Hyperlactation and insufficient nourishment	Fatal in 14 days. Large flabby kidneys.
12	F.	41	Recently married	6 mths.	Ditto	Ditto	1025	Ditto	Ditto	Muddy	None	None	Ditto	Ditto	A few weeks after her marriage	Was in the hospital 15 years ago with the same, and went out well. Left the hospital worse.
13	F.	53	Widow	4 mths.	Ditto	Beer, and has had spirits	1008	Natural	Ditto	Amber coloured	Ditto	Ditto	Slight	Slight	Doubtful	Went out with only slight relief to her symptoms.
14	F.	62	Married	14 wks.	Ditto	Temperate	1020	Plentiful	Ditto	Smoky	Traces	Ditto	Ditto	Ditto	Mental depression	Somewhat benefited before discharge.
15	F.	29	Married	3 wks.	Ditto	Ditto	1038	Scanty	Ditto	Ditto	Ditto	Ditto	Abundant	Abundant	Exposure to cold by wet feet	Abundance of sugar by liquor potassæ. Breasts full of milk and painful. Specific gravity rapidly sank as sugar diminished, and this ceased when the breasts were emptied. Dropsy simultaneously cured, and albumen disappeared.
16	M.	12	Schoolboy	1 wk.	Ditto	Ditto	1020	Ditto	Ditto	Ditto	None	Ditto	Ditto	Ditto	Not known	Improved under small doses of sesquichloride of iron.
17	M.	32	Drayman	1 wk.	Moderate	Beer-drinker	1028	Ditto	Ditto	Turbid and smoky	Ditto	Ditto	Ditto	Some	Exposure to cold	Abundance of tube-casts were found on a microscopical examination.
18	M.	45	Navvy	9 mths.	Ditto	Ditto	1030	Ditto	Ditto	Amber	Ditto	Ditto	Faintly	Copious	Ditto	The deposit of albumen by NO_5 is again dissolved by heat. Tube-casts numerous.
19	F.	59	Laundress	1 mth.	Ditto	Ditto	1020	Plentiful	Ditto	Porter-like	Abundant	Abundant	Both	Both	Ditto	Fatal in 3 weeks. Large, pale, and flabby kidneys. Tube-casts numerous.
20	M.	43	Ostler	1 mth.	Ditto	Gin and beer drinker	1012	Ditto	Ditto	Smoky	Slight	None	Ditto	Ditto	Ditto	One half is solid in albumen by NO_5 and by heat. Recovery partial.
21	M.	21	Porter	1 mth.	Cleanly	Ditto	1024	Ditto	Ditto	Rather so	None	Ditto	Ditto	Ditto	Ditto	Went out relieved.
22	M.	54	Farrier	1 mth.	Dirty	Occasionally beer drinker	1010	Ditto	Ditto	High coloured	Some	Abundant	Ditto	Ditto	Ditto	Ditto, ditto.
23	M.	38	Ostler	2 mths.	Ditto	Gin and beer drinker	1012	Scanty	Ditto	Pale and smoky	None	None	Ditto	Ditto	Ditto	Granular kidneys; pericarditis; hypertrophy of the heart; post-peritoneal hæmorrhage, escaping into the pleural cavity; gout in arms and feet; epileptic fit; loss of vision; contracted pupils; diarrhœa; uræmia; death.
24	M.	33	Shipwright	1 mth.	Ditto	Ditto	1022	Ditto	Ditto	Thick	Abundant	Slight	Ditto	Ditto	Ditto	Went out relieved; albumen still abundant in urine.
25	F.	41	Housemaid	5 wks.	Ditto	Ditto	1022	Ditto	Ditto	Smoky	A trace	None	Ditto	Ditto, $\frac{1}{5}$	Ditto	Fatal in 5 weeks; pale and mottled kidneys.
26	W.	33	Widow	1 wk.	Clean	Beer drinker	1028	Ditto	Ditto	Ditto	None	Ditto	Ditto	Ditto, $\frac{1}{4}$	... ...	Disease of the kidneys; dropsy and death in 2 mths.
27	M.	30	Baker	10 days	Ditto	Rum and beer drinker	1020	Ditto	Ditto	Like porter	Abundant	Some	Ditto	Ditto	... ...	Lately from Scotland; hours of labour at night in London, instead of by day as in Scotland. Ushered in with severe purpura. Much benefited by steel. Great anasarca.
28	F.	14	Servant	8 wks.	Cleanly	Occasionally spirits	1012	Very scanty	Ditto	Smoky	None	None	$\frac{1}{4}$ alb.	$\frac{1}{4}$ alb.	... ...	Amaurosis coming on suddenly a week ago; had a similar attack 2 years ago. Amaurosis continues (March 2, 1860).

TWELVE CHRONIC CASES.

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No.	Sex	Age	Trade.	Ill.	Habits. Cleanly.	Temperate.	Urine. Sp. Gr.	Quantity.	Acid or Alkaline.	Appearance.	Hæmatine.	Red Corpuscles.	Albumen. N O.	Albumen. Heat.	Cause Assigned.	Observations, Results, &c., and Treatment.
1	M.	50	Labourer	6 years	Very dirty	Freely of spirits	·7	Natural	Acid	Amber coloured	None	None	None	About ¼	Exposure	Died 7 days after admission, from œdema of the lungs; granular kidney.
2	M.	40	Painter	12 or 14 months	Moderate	Very freely of spirits	·10	Ditto	Ditto	Ditto	Ditto	Ditto	Trace	¼	Ditto	A motionless sot; has had frequent attacks of colica pictonum; uræmia; epilepsy; coma; death from cerebral hæmorrhage; granular degeneration.
3	M.	5	Schoolboy	8 wks.	Clean	Very temperate	1·6	Ditto	Alkaline	Opaque Amber coloured	Ditto	Numerous	Ditto	Trace	... ...	In the progress of convalescence from scarlatina.
4	M.	32	Pianoforte-maker	6 mths.	Ditto	Ditto	1·7	Ditto	Ditto	Ditto	Ditto	Ditto	Some	None	Exposure	Originally attacked in hospital, 13 years ago; sallow surface; coma from uræmia; death; granular degeneration.
5	M.	62	Carpenter	4 mths.	Ditto	Doubtful	·12	Ditto	Alkaline	Ditto	Ditto	None	None	None	Ditto	Went out relieved.
6	M.	45	Hammerman	4 mths.	Ditto	Ditto	·14	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto, ditto.
7	F.	10	Servant	5 mths.	Ditto	Ditto	·9	Ditto	Acid	Ditto	Ditto	Ditto	Ditto	Traces	... ...	Coming on after the exhibition of mercury for syphilitic lichen.
8	M.	14	Schoolboy	0 wks.	Ditto	Ditto	2	Ditto	Neutral	Pulish straw coloured	Ditto	Ditto	None	None	... ...	It was questionable whether this was not a simple case of diuresis, as no albumen was ever found.
9	M.	45	Oilman	0 wks.	Dirty	A quart a day	·23	24 hours Natural	Ditto	Dirty straw coloured	Traces	Ditto	Some	Traces	... ...	Previous old spirit-drinker; had been in hospital 2 years ago with the same; uræmia; coma; death; granular kidney.
10	M.	72	Servant	5 days	Very dirty	Both spirits and beer	·8	More than natural	Ditto	Amber coloured	None	Ditto	None	None	Exposure	Was in the hospital 4 years ago; got quite well in a fortnight under elaterium; now rapidly improving with tincture of sesquichlor. of iron.
11	M.	54	Coachman	6 or 8 months	Moderate	Both spirits and beer	·15	Natural	Acid	Brownish	Some	Some	Traces	Traces	... ...	Has been ailing more or less 6 mths.; legs slough-ing from œdema; heart hypertrophied; im-proved by tinct. sesquichl. of iron; result fatal.
12	M.	63	Blacksmith	10 to 20 months	Dirty	Spirits only	8 to ·12	Ditto	Neutral	Straw coloured	None	None	None	Ditto	Not known	Fatal 10 days after admission; œdema pulmonum; hypertrophy of the heart; kidneys softened and mottled; tubular structure scarcely seen; great accumulation of fat around the intumbills.

I have frequently used the same form with excellent benefit in children affected with the disease after scarlatina. As soon as the system has been thoroughly brought under the influence of the above remedy, immediate recourse should be had to another equally valuable agent—namely, the tincture of the sesquichloride of iron in half-drachm doses, and the most elegant and efficacious mode of exhibiting it is in a glassful of seltzer water. Allusion has already been made to the injudicious practice of giving stimulating saline diuretics in this stage of the disease, and it has repeatedly happened that hæmatine and red corpuscles have been voided, and finally suppression of urine has followed the use of such drugs, whereas an early and a discreet use of the remedies alluded to has been attended by a complete alleviation of the worst form of the disease. As the attack becomes more chronic in its nature, I have seen marked benefit follow the use of the syrup of iodide of iron in half-drachm and drachm doses, together with a generous animal diet, and a moderate use of good beer or porter, to the exclusion of all spirits. Drachm doses of cod-liver oil after each meal has proved a valuable adjuvant in the treatment of many severe chronic cases.

In the accompanying tables, the 1st case to the 28th were all acute cases. In the second table of 12 cases, they were all chronic; the males, as might be anticipated, being in the proportion of 3½ to 1 in females. Case 8 is a sample of the value of digitalis after a small bleeding, as already mentioned; the Professor of Chemistry, Mr. Heisch, ascertained the amount of urea to be very considerable in the serum of the blood drawn. Case 15 was quite unique of its kind. The presence of sugar was repeatedly ascertained by the copper and the potash tests. The disappearance of the anasarca and the albumen when sugar was no longer met with in the urine was equally significant of the etiology of the disease in this young nursing mother. The amaurosis in Cases 23 and 28 came on suddenly; in the latter instance it was relieved to such an extent that the patient could creep about the wards alone, and I have since met him in the streets, but the amaurotic appearance of both eyes is more confirmed, and the sight is not at all improved. The pathological features in Case 23 were most valuable. Cardiac disease had evidently followed the onset of the attack, and the fatal pericarditis, accompanied with the extensive hæmorrhage into the two great serous cavities, were clearly the result of uræmia.

Amongst the chronic cases, the first on the list was the most speedy in its career I have ever witnessed. The large amount of urea in the serum of the blood and in the cerebral fluids; the marked white fumes over the mirror as he breathed on its surface, moistened with hydrochloric acid; the rapid engorgement of the whole pulmonary tissue with poisoned serum, were so many evidences of the excessive amount of uræmia in the system. No 2 was a case I had watched upwards of twelve years. Like many in the same trade, he had taken spirits at an early age, under a belief that it killed the poisonous effects of lead, and thus he became a confirmed dram-drinker. His epileptic fits were of a most violent kind, and assumed the form of acute mania during their accession. Case 8 was considered to be rather one of diuresis than chronic albuminuria. Mr. Heisch ascertained that every 1000 parts of urine yielded six grains of urea—in other words, that though the quantity of urine was so great, yet the amount of urea did not fall below the average standard of health.

May, 1860.

NEW CLINICAL WARDS AT GUY'S HOSPITAL. — The beneficent founder of this hospital, before his death, erected a lunatic asylum to accommodate thirty insane patients; and although at that time it partially supplied a great want, and has up to a recent period been well filled and well looked after, the governors of the institution a short time back wisely resolved to close it, and have therefore removed the inmates to other like institutions which are more pleasantly situated in the country. The vacated premises have been entirely remodeled; the cells have been removed, and two spacious wards have arisen in their stead, which are especially appropriated for the purposes of clinical teaching. A central room has been fitted up for the accommodation of the clinical clerks, and where their reporting books, chemical apparatus, microscopes, and electrifying machines are kept, to aid them in carrying out the investigations of the cases committed to their charge. Other smaller rooms are being fitted up for special cases requiring rooms for themselves. The clinical wards have been open from the first of this month, and are placed under the charge of the assistant-physicians during the summer months, when the usual clinical lectures will be given.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ROYAL FREE HOSPITAL.

EXTENSIVE FRACTURE THROUGH THE BASE OF THE SKULL, FOLLOWED BY OOZING OF SEROUS FLUID FROM THE EAR, AND SYMPTOMS OF COMPRESSION; FATAL RESULT.

(Under the care of Mr. THOMAS WAKLEY.)

THE cases which we record to-day are those in which the surgical maladies described were the result of the injuries received. The first two, implicating the head, present a strong contrast to each other; for in one (that which follows) they were of so severe a character that death ensued. This patient fell head foremost off a ladder, from a height of twelve or fourteen feet. In the second case, the sufferer fell from a height of nine feet, receiving in his descent a blow from a brick, which produced a slight scalp wound. In this case—one of common occurrence—in which a hopeful prognosis was pronounced, fatal encephalitis arose, and carried the patient off.

The symptoms in Mr. Wakley's patient—bleeding from the ear, followed by serous oozing—are pathognomonic of fracture through the base of the skull. Many examples of this we have placed before our readers on previous occasions, (THE LANCET, vol. i., 1856, p. 126, case under Mr. Hancock at the Charing-cross Hospital, ending fatally; idem, vol. ii., 1856, p. 276, case reported by Dr. Fussel, of actual recovery, in which serous fluid poured from the ear; case under Mr. Simon at St. Thomas's, with bleeding only from the ear, with other symptoms leading to the belief of fractured base, recovery, idem, vol. ii., 1857, p. 600; besides several other undoubted examples.) Very lately three cases of this kind occurred at the Westminster Hospital, with a recovery in two, one being a boy, eleven years of age, under the care of Mr. Holthouse. In him, however, there was bleeding without serous oozing, the hæmorrhage proceeding only from the ear. It is impossible to declare positively that there is fractured base, unless the general symptoms point to its occurrence.

As will be observed by the notes of the following case (for which we are indebted to Mr. John D. Hill, house-surgeon to the hospital), the fracture was most extensive, and had engaged a large portion of the skull; and the symptoms of compression of the brain were explained by finding a large clot of blood pressing upon one of the hemispheres.

William R——, aged sixty-three years, was admitted into the hospital on the 8th of December, 1859, at noon, with symptoms of compression of the brain and fracture through the base of the skull, the result of a fall (about twelve or fourteen feet) from a ladder upon the crown of the head. There was also bleeding from the right ear. About twenty minutes after admission, signs of returning animation were shown, with restoration of the pulse and breathing, &c. This reaction existed for the space of ten minutes, when the patient again sank into a state of collapse, in which he remained a quarter of an hour; after this he rallied for a few minutes, and during the day semi-consciousness kept alternating with collapse. He could be roused by strong impressions. Upon examination, there was found a large scalp wound at the point where the violence was received, exposing the parietal and occipital bones. A small scalp tumour was present over the right frontal eminence, and several abrasions were observed about the face. There was also fracture of the right clavicle and of two upper ribs, at a vertical line drawn through the centre of the clavicle, and several contusions about the body. The breathing was excessively irregular, sometimes being quite stertorous, and at others almost imperceptible; it was chiefly carried on by the abdominal muscles. The pulse was very variable, full, and labouring, 40 in a minute, sometimes imperceptible at the wrist and carotida. The right pupil was very much dilated and insensible to light; the left was quite contracted. The bleeding from the ear continued until half-past five P.M., when the clear fluid (known as cerebro-spinal) was observed to flow in small quantity after the cessation of the hæmorrhage. The patient was visited many times during the day, but no change of importance observed. At night he became very restless, frequently struggling to raise his hand to his head (as if pain were there present), moaning piteously, and uttering the exclamation "O God!" As the urine was retained, a No. 9 catheter was passed, but only two ounces removed.

He passed the night tolerably, and towards morning seemed if anything a little improved, the circulation having risen ten or twelve beats, and the respiration become more tranquil. At ten A.M. he relapsed into the comatose condition, in which state he continued till death, which took place at seven P.M.

Post-mortem examination.—Upon removing the scalp and pericranium, there was found at the point of injury a stellate fracture, without depression, extending forwards through the frontal suture (which in this case was well developed) into the right orbit, thence through the roof of the orbit across the sella turcica, the petrous portion of the temporal bone, the meatus auditorius internus, and curving slightly from the course of the superior petrosal sinus to the parietal bone of the same side, and meeting the point from which the fracture was traced at a right angle. After the removal of the calvaria a large clot of blood was found extravasated between the dura mater and bone, at the site corresponding to the external injury, from rupture of the superior longitudinal sinus. There was also a clot of blood compressing the optic and orbital nerves at their point of exit from the skull. There was no wound of the lung. The fracture of the ribs and clavicle corresponded to the external made.

GREAT NORTHERN HOSPITAL.

FATAL ENCEPHALITIS FOLLOWING A SLIGHT SCALP WOUND.

(Under the care of Mr. SAVORY.)

ONE of the commonest injuries to be met with amongst the out-patients of an hospital is a scalp wound; and usually, unless the violence of the blow has been such as to produce concussion of the brain, no bad symptoms ensue. A slight wound was received by the patient who was the subject of the present case, but still the blow producing it must have been severe, for it cut to the bone, tearing through the pericranium; he was not, however, even stunned. On the eleventh day rigors commenced, ushering in cerebral symptoms, which ended fatally. For the notes of the case we are indebted to Mr. Ponsonby Adair, house-surgeon to the hospital.

Thomas F——, aged twenty-eight, bricklayers' labourer, was thrown to the ground from a scaffold about nine feet high by the breaking of one of the supports; a brick fell upon his head, causing a wound on the vertex: he was not stunned, however, but got up and walked to the hospital. The wound was about an inch and a half long, and at one point the pericranium was torn through, and the bone laid bare, but not fractured. Water dressing was applied, and the man sent home.

The wound went on well, granulating rapidly, till the evening of the eleventh day after the accident (Dec. 31st, 1859), when the man had a severe rigor, and passed a very bad night.

On presenting himself on Jan. 1st, 1860, his appearance was seen to be much altered for the worse: he had a heavy, drowsy aspect; his pulse was full and very soft, beating 116 to the minute; the skin sweating, and the tongue much coated. He complained of pain over the right eye. The wound continued to secrete, being bathed in healthy pus; and there was no puffiness of the scalp. The house-surgeon ordered him to go home to bed, to have the hair cut short off, a small poultice applied to the wound, and wet cloths to the rest of the head. A smart purge was given. He was recommended to take nothing but beef-tea and milk.

Jan. 2nd.—This morning he was admitted as an in-patient under Mr. Savory. Pulse 110; respiration 25. He is much troubled with a short cough, unaccompanied by expectoration. Last night he had more rigors, and wandered much; and to-day has a much heavier aspect. The discharge from the wound has now almost entirely ceased, but the surface has still a very healthy aspect, and there is no puffiness of the

scalp. His skin is moist, though not so covered with sweat as yesterday. He is quite rational, and has complete power over his limbs. The pupils are equal and active.

3rd.—Pulse 96; respiration 36. The heart's action is becoming gradually depressed, and the respiration quickened. Since the last note he has had two violent rigors, lasting for above an hour. The wound still retains its healthy appearance, though it is almost dry. There is no puffiness of the surrounding scalp. The healing process seems to have gone on satisfactorily around the portion of bone which was laid bare. Blister to nape of neck.

4th.—Pulse 90; respiration 36. Bowels frequently moved. Did not wander during the night, but complains much of disagreeable dreams, which cause him great uneasiness. No more rigors; the head is slightly hotter than yesterday; there are no signs of paralysis at present. The edges of the wound have assumed an ashen colour.

5th.—Three A.M.: All the evening he was very restless, attempting to get out of bed; but now the left leg and arm are completely paralysed, so far as motion is concerned, though some degree of sensation still remains, but from his state it is very difficult to determine the amount.—Eight P.M.: More inclined to become comatose, though he still talks much and strangely. He does not now move either leg, but reflex motion can be excited. The right arm is very rigid; he still moves it about, but not so much as he did. He passes his motions and urine involuntarily.

6th.—He is now quite unconscious, but his breathing is not stertorous.—Eight A.M.: He has just died.

Autopsy, twenty-seven hours after death.—A large quantity of fluid pus in the cavity of the arachnoid; the pus was not flaky, but tolerably healthy. Between the arachnoid and pia mater, in the sub-arachnoid spaces, and in the meshes of the pia mater, pus existed all over the upper part of the right hemisphere, the posterior and lower parts excepted; along the vertical plane, forming the right boundary of the longitudinal fissure, a quantity was found at one point just behind the surface corresponding to the seat of injury on the bone; some was also found on the left side. No pus existed in the ventricles or any other part of the brain. The dura mater adhered to the bone beneath the site of the external wound. On examining the part of the skull which was uncovered by the wound, no difference could be detected between it and the surrounding bone. With the exception of a few patches of congestion at the apex of the left lung, all the internal organs were healthy.

MIDDLESEX HOSPITAL.

TREATMENT OF FRACTURED PATELLA BY MALGAIGNE'S HOOKS.

(Under the care of Mr. MITCHELL HENRY.)

THERE are many surgeons who deny that fracture of the patella ever heals by bony union, and they assert that it is always ligamentous. An examination of specimens in our museums, as well as a reference to the record of many cases in our "Mirror," will prove that firm ossific union is not unfrequently brought about. Two cases of the kind have recently occurred at the above hospital, under the care of Mr. Mitchell Henry, wherein this desirable result was produced by the employment of Malgaigne's double inverted hooked instrument, a representation of which is given in Druitt's "Surgeons' Vade-Mecum." The first of the two cases has gone out with solid union. The second, still in hospital, is a female, aged forty-seven, admitted on March 18th for a transverse fracture of the patella, occurring the day before in her right leg. The clamps were kept on for upwards of three weeks, when the broken patella was found to be perfectly united in a solid manner, without any groove or intermission to mark the site of the fracture. No inconvenience was produced by the instrument beyond slight suppuration round one of the hooks on the twenty-third day. This is a result but seldom witnessed, for we have seen the hooks in use for many weeks in Malgaigne's wards in Paris without such an occurrence. The most perfect and close apposition can be obtained by these hooks or clamps, as they are called, and, if carefully applied, no inconvenience is complained of by the patients. The woman under treatment expressed herself as very comfortable in every way. The form of fracture most applicable for this instrument is the transverse, one that is not very amenable to the ordinary methods of treatment.

CLINICAL RECORDS.

SERIES OF OPERATIONS AT KING'S COLLEGE HOSPITAL.

ON the 21st ult., the following operations were performed by Mr. Fergusson, at King's College Hospital; and we learn that all of the patients are now doing well:—

1. A fistulous opening in the perinæum communicating with the urethra was closed, by paring the edges and bringing them together with silver sutures, incisions being made on either side to relieve traction. The patient was a young man, with stricture of the urethra, following upon a severe injury to the perinæum—a variety of stricture extremely difficult to cure. He had been already submitted to frequent operations.

2. Caries of the frontal bone over the frontal sinuses was present in a man, about thirty-five years of age. His history showed the disease to be syphilitic, there being loss of integument immediately over the affected part, producing great deformity. The subcutaneous attachments were freely divided, and the edges of the skin drawn towards the centre of the exposed space, and kept there by means of silver sutures. Lint compresses were then applied, and a light bandage over all.

3. This was a case of stone, in a man seventy-six years of age, who was submitted to the usual lateral operation of lithotomy, and a circular calculus, a little larger than a shilling, was extracted, having the peculiarity of being almost perfectly flat, its greatest thickness scarcely exceeding a line and a half. The operation occupied a little over a minute. A calculus of the form of that removed in the present instance is extremely rare. We recollect, however, seeing one extracted of an oval shape very much larger, but almost equally as flat. The middle lobe of the prostate was enlarged in this patient.

4. An old man, who had already undergone a previous operation for the removal of epithelial cancer, at the base of his left thumb, was now brought into the theatre to have a recurrence of the disease treated. It now seemed to involve the head of the metacarpal bone of the thumb, together with the structures between it and the forefinger. The entire thumb and metacarpal bone were detached, but in the progress of the operation it was discovered that the disease was more extensive than was at first imagined. Mr. Fergusson, therefore, took away the forefinger also, with its metacarpal bone, and carefully dissected out all the affected soft structures. The flaps of integument were then brought together by means of wire sutures, as in the other cases.

5. This was a case of disease of all the articulating surfaces entering into the formation of the right wrist-joint, with the formation of abscesses and sinuses. Some of the latter were run together, and portions of dead bone extracted. These included some of the metacarpal bones, and a part of the lower end of the ulna. Bad as the case appeared to be, it was hoped that as all the affected parts were removed, a healthy action might ensue, and the wrist yet be saved. The case, in most respects, strongly resembled some in which we have seen this important articulation excised. The patient was a man of about thirty, the subject of disease for some years.

6 and 7. These were cases of necrosis of the tibia, and hare-lip. The first was treated by the removal of the dead parts of the bone, and the latter by the usual operation for that deformity.

URINARY CALCULUS OF UNUSUAL CONFORMATION.

THE general precepts of surgery undergo daily modification in the endeavours to apply them to the ever-varying exigencies of practice. We saw lately a patient, under the care of Mr. Coulson, at St. Mary's Hospital, whose case presented all those features which are supposed to favour the cure of calculus in the bladder by lithotrity. He was a healthy man, of sound constitution, the middle age (forty), having a healthy bladder, with fair containing power, no enlargement of the prostate, and a urethra which, although it had been the subject of stricture, was fully dilated. These indications for lithotrity Mr. Coulson considered to be more than counterbalanced by a peculiarity in the case, which had not before been accounted as amongst the reasons for preferring lithotomy to lithotrity in certain instances, probably on account of the rarity of its occurrence. The stone could be detected with great facility—in fact, the sound struck against it immediately on entering the bladder, but it could not be dislodged from its position. It appeared to be impacted at the neck of the bladder, and in

this position Mr. Coulson considered that manipulations necessary for crushing the calculus could not be safely performed. He therefore had recourse to lithotomy by the lateral operation. A large stone was removed rapidly, and with very little hæmorrhage; it was found to be fixed at the neck of the bladder, and displayed an unusual conformation. It was flattened and irregularly rhomboid in general shape, but possessed an anterior prolongation towards the centre, which passed forward to the urethra, while at its posterior edge were seen two processes, corresponding in position with the ureters. Thus it would seem that the stone, descending from the kidney, had been lodged at the mouth of the urethra, and remained fixed there; had increased in size by accretion, and moulded itself to the surrounding parts; had extended forward into the urethra, and backwards into the apertures of the ureters. The peculiar shape and position of the stone explained some of the symptoms. From its fixity there had been no increase of pain attendant on riding or active exercise. There had been no considerable irritation and no hæmaturia; but frequently the urine ceased to flow during micturition, and it always passed slowly and in an imperfect stream. The operation of lithotomy was followed by an unusually successful recovery. Urine passed by the urethra on the following day. The wound healed rapidly, and within fourteen days the man walked out of the hospital cured.

ANTERIOR HALF OF THE TONGUE NEARLY BITTEN OFF.

A CASE of somewhat unusual injury to the tongue was admitted into the Royal Free Hospital on the 3rd of March. The subject of it, a young man twenty years of age, was standing with his tongue out of his mouth near the end of a cart, when the vehicle, suddenly tilting, came in such violent contact with his chin as to cause the teeth to close upon the tongue, whereby the whole anterior half of it was nearly bitten off. When brought into the hospital, the bitten part was hanging, as it were, by a mere shred; and, hopeless as it seemed, an effort was made by Mr. Gant to save it. After arresting the hæmorrhage, which had been most profuse and very difficult to stop, three interrupted sutures were applied above and three below, the separated parts of the organ being adjusted as neatly as possible. Some little inflammation and swelling followed, as was anticipated; but when we were first shown the case on the 5th of March, union by the first intention seemed to be pretty general. Subsequently, a firm connexion appeared to be established, and the man was discharged well; but there was not the same perfect sensation on the right as on the left side of the organ. It was on the latter that complete separation had not ensued at the time of the accident. This case is a practical illustration of how much may be done to save parts in very bad and apparently almost hopeless cases.

BICARBONATE AND NITRATE OF POTASS IN RHEUMATISM.

THE good effects of the bicarbonate of potass in rheumatism have been proved to be of the most valuable character, and it is now constantly prescribed. The benefit is more apparent when the symptoms are acute, but is also observable in chronic instances of the complaint. In some of the latter, however, it is not well marked, and some other remedy must be relied upon, such as another salt of the potass, the nitrate for example, long celebrated for its curative powers in rheumatism. We examined a female, forty-one years of age, on the 8th of February, who had been admitted into University College Hospital, under Dr. Parkes' care, some three weeks previously, with a rather sharp attack of subacute rheumatism, affecting the joints of the body generally. For this she was carried into the ward and placed in bed. This was her seventh attack, and the disease had to some extent become chronic. There was a strong mitral regurgitant murmur, but no other indication of cardiac mischief. She was treated by the bicarbonate of potass for some days with benefit. This was then discontinued, and recourse was had to the nitrate of potass, with the effect of removing the general severity of the symptoms, and at the present time she is much improved in every way. Dr. Parkes observed that the bicarbonate was not, perhaps, so useful in the subacute or chronic forms of rheumatism as in the decidedly acute examples of the disease. It is quite probable that this patient may have been previously treated by this salt of potass, with good results, in some of her previous attacks, and this might account for its proving now of but partial benefit.

GOOD EFFECTS OF BLISTERS IN WRIST-DROP FROM SATURNINE DISEASE.

WE have frequently observed, at St. Bartholomew's Hospital, in patients under the care of Dr. Farre, the good effects, in chronic rheumatism, of blistering the joints, combined with other and constitutional treatment. In most of these cases the relief to the pain is very great, but it is necessary to repeat the blistering to render its results the more permanent. We might cite several examples in illustration; but our desire is to draw attention to the same plan of treatment in wrist-drop from lead poisoning, especially as its immediate benefits are very decided. A man was admitted into the hospital with complete loss of power in the extensors of both hands from the causes mentioned. Dr. Farre ordered (besides internal treatment) a blister to be applied to the back of one hand and arm, and iodine ointment to the other. The rising of the blister had the effect of immediately permitting the patient to use the fingers of that hand with considerable increase of power, whilst no effects were produced upon the hand which had the ointment applied to it. The latter was discontinued, and a blister substituted with an effect similar to that in the other hand. Notwithstanding this speedy result, however, Dr. Farre observes that sometimes the iodine is more successful than blisters. The value of blisters in such cases is undoubted.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, MAY 8TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

REPORT ON THE CONDITION OF THE PROSTATE IN OLD AGE, FOUNDED ON THE DISSECTION OF 100 SPECIMENS IN INDIVIDUALS OVER SIXTY YEARS OF AGE.

BY JOHN COCKBURN MESSER, M.D., R.N., ASSISTANT-SURGEON TO THE ROYAL HOSPITAL, GREENWICH.

IN order to facilitate the consideration of the details of one hundred dissections of the prostate after the age of sixty, the author had arranged them into three classes—namely,

First. Those under four drachms' weight.

Second. Those between four drachms and six drachms' weight.

Third. Those over six drachms' weight.

By so doing a broad division is at once made between those that are comparatively healthy—namely, the first and second classes; and those that are so altered as to be likely to affect the health of the patient, comprised in the third class.

In the first class there are 20 cases, giving—

	Minimum.	Maximum.	Medium.
Age	60 ...	94 ...	76·2
Weight	4 drs. ...	6 drs. ...	4 drs. 57 grs.

These cases, for the most part, differed from the normal state only in point of size, and offered no obstruction to the flow of urine. The presence of small black concretions was very general in these as well as in all the other cases. In 4 cases there were slight appearances of the formation of circumscribed tumours. In 1 case abscess was found associated with stricture of the urethra. In 1 the posterior lobe showed a tendency to enlargement; but it was difficult to say whether the enlargement was more intimately connected with the prostate or with a fasciculus of the muscular coat of the bladder.

In the second class are 45 cases, which may be considered normal in condition, and which give—

	Minimum.	Maximum.	Medium.
Age	60 ...	94 ...	76·2
Weight	4 drs. ...	6 drs. ...	4 drs. 55 grs.

None of these cases suffered from urinary obstruction connected with the prostate during life, although the bladder was often found fasciculated. In 12 of these, circumscribed tumours were observed, for the most part only slightly developed; in 3, the posterior lobe was slightly enlarged; in 1, abscess was present, the consequence of general paralysis.

In the third class are 35 cases, which give—

	Minimum.	Maximum.	Medium.
Age	60 ...	87 ...	75·2
Weight ...	6 drs. 15 grs. ...	48 drs. ...	15 drs. 2 grs.

In 17 of these, the enlargement affected both lateral and posterior lobes; in 14, the enlargement existed chiefly in both lateral lobes; in 1, the enlargement affected only the left lateral and posterior lobes; in 1, enlargement preponderated in the left lateral and posterior lobes; in 1, enlargement preponderated in the left lateral lobe; in 1, enlargement preponderated in the posterior lobe. Thus it appears that 35 per cent. of all prostates after the age of 60 are abnormally large, 20 per cent. are abnormally small, and 45 per cent. are within the limits of the normal weight. This enlargement is principally caused by increase of the fibrous element of the body; the glandular also being increased in amount, but not to the same degree. This new fibrous tissue is deposited in concentric layers, and so forms circumscribed tumours. The frequency of this fibrous deposit is shown by the fact that it was present in 34 out of 35 cases of enlargement, in 27 of which it was found in the form of tumours; in 7 there was no appearance of tumours. It also appears that those glands in which the tumours are marked are liable to the greatest enlargement, as some thus affected were found to weigh 30 drs. and even 48 drs., while those in which the tumours did not appear never weighed more than 17 drs.

A comparison of the relative frequency of enlargement of the different parts of the gland shows that the lateral lobes are much more liable to be affected than the posterior: 34 of 35 cases were affected in their lateral lobes, while only 19 of the same number were affected in the posterior lobe. It is rare to find the posterior lobe enlarged while the rest of the gland is normal; only 1 such case in 35 was found. Enlargement of the posterior lobe is the chief cause of obstruction to the flow of urine; but that may also be the consequence of hypertrophy of the lateral lobes, especially when it takes the form of tumours, and they project inwards upon the urethra.

It appears, from the nearly equal average age in all three classes, that the condition of the prostate does not materially affect the longevity of the individual. A slight difference does, however, exist in favour of those in whom the gland is most nearly normal, the average in these being 76·2, and in the enlarged 75·2.

The presence of abscess in the prostate produces enlargement to a greater or less extent, seldom, however, to the same extent as fibrous deposit. The most frequent cause of abscess in the prostate appears to be obstruction to the flow of urine, either from stricture of the urethra, enlargement of the prostate, or the consequence of paralysis of the bladder. The frequency of abscess in the enlarged gland is in the proportion of 5 in 35; in those between 4 drs. and 6 drs., 1 in 45; in those under 4 drs., 1 in 20. The causes in these cases were—stricture of urethra in 3 cases; frequent retention in 3 cases; paralysis of bladder in 1 case. Tubercle is the only other abnormal deposit giving rise to enlargement of the prostate noticed in these cases, and that only in 1 case, which weighed 24 drs. A similar deposit was observed in the lungs, right kidney, and mucous coat of the bladder in this subject.

It is worthy of remark that while retention of urine, more or less complete, is the most important symptom and consequence of enlarged prostate, it is not found in every case. The proportion of men in advanced years suffering from the consequences of enlarged prostate is indeed small. Thus amongst 1600 old men, with an average sick list of 200, not more than 10 are under treatment for this disease, and half of these only occasionally. A much larger number must be affected with enlargement, as shown by post-mortem examinations of the gland. In 35 cases of enlargement found after death, 13 suffered no urinary symptoms during life, and 2 others only after the occurrence of serious lesions to the nervous system shortly before death. Although many of these cases were not greatly enlarged, some of them plainly showed that the prostate may be greatly altered, and yet the patient be free from urinary obstruction, as in 1 case, where the prostate weighed 8 drs. 30 grs., with prominent enlargement of the posterior lobe; in another, which weighed 19 drs. 30 grs., with general hypertrophy, and great encroachment on the urethra; in another, which weighed 26 drs. 30 grs., with the enlargement principally seated in the lateral lobes.

On considering the favourable circumstances for the formation of phosphatic calculi in cases of enlarged prostate, it is surprising that these concretions are not more frequently found. Of the 35 cases of the third class, phosphatic calculi were found in two, the largest weighing 7 drs. 45 grs.; in another, two uric acid calculi, of about 30 grs. each were found.

DR. MACLACHLAN exhibited three specimens of enlarged prostate. The first, which was that of a man aged eighty-six, was the largest which had been met with in Chelsea Hospital for the last twenty years. The man had not suffered much, but was occasionally troubled with retention of urine. On these occasions, it was generally easy to introduce an instrument, though sometimes there was difficulty, the catheter no doubt getting entangled in the transverse band, which was seen in the preparation uniting the two lateral lobes, and also finding its way into a cul-de-sac, terminating the urethra, in this specimen, immediately below where the so-called middle lobe usually exists. There was seldom impediment in micturition, notwithstanding the enormous size of the prostate, except when the man had been drinking, and then he invariably came into the infirmary almost in a dying state; it was on one of these occasions that death took place. The second specimen was chiefly interesting as it had been taken only a few days ago from a man seventy-three years of age, who underwent the operation of puncture of the bladder about four years previously. Then the obstruction arose from the enlargement of the middle lobe, which was of the size of an ordinary marble. The third specimen was taken from a case where it was also necessary to puncture the bladder, though the prostate was but of moderate dimensions. There was sometimes great difficulty in introducing a catheter even where afterwards there appeared little to account for it; the parts then seemed to be altered from their usual position by the distension of the bladder and the engorgement of the parts, and much surprise was evinced, on subsequent examination, that the instrument should not have passed easily. He (Dr. Machlachlan) thought Dr. Messer's paper valuable in confirming the opinion that, so far from enlargement of the prostate being common in old age, it was the reverse: atrophy of the gland was the rule, and hypertrophy the exception.

MR. HENRY THOMPSON had learned with great interest the result of Dr. Messer's careful and extended investigations. Having himself produced at this Society, three years ago, fifty prostates dissected by himself, he was extremely anxious to compare his own results with the more recent ones of Dr. Messer. He would briefly draw a comparison between them in relation to three or four points. First, the question of numerical frequency with which the enlarged prostate occurs amongst elderly men. Mr. Busk had been, perhaps, the first to question the received opinion, that it was a natural result of old age. He (Mr. Thompson) had first applied the numerical method to the question. He found 32 per cent. enlarged above 50 years of age; Dr. Messer 35 per cent. above 60. Not above 12 per cent., however, showed symptoms during life. He did not consider that the 20 per cent. of prostates found by Dr. Messer, weighing less than four drachms, were abnormally small; true atrophy was much more rare than that. In reference to the seat of enlargement, he (Mr. Thompson) had published the result from an examination of 123 specimens: the conditions found in Dr. Messer's 35 cases corresponded very closely indeed. The frequency with which fibrous tumours occurred in the enlarged prostate was a subject to which he had drawn special attention. Dr. Messer had further investigated it, and had remarked the presence of these tumours in 27 out of his 35 cases. The question of real incontinence caused by enlarged prostate was one which had been also carefully studied. It was well known that the so-called incontinence connected with enlarged prostate was almost invariably the overflowing surplus of a distended bladder, and indicated retention, not incapacity of the bladder to retain. Dr. Mercier, of Paris, had, in 1841, pointed out the fact, that by a peculiar formation of the enlargement, it occasionally happened that the neck of the bladder was rendered patent, and the urine all ran off as fast as it was secreted. This was excessively rare, and he (Mr. Thompson) had not met it amongst the numerous cases he had personally examined; but there appeared to be two cases amongst Dr. Messer's, which corroborated the view referred to. He begged to thank the author for his valuable contributions to the subject under consideration. The confirmation of his own researches by this paper had been very remarkable.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MAY 1ST, 1860.

MR. FERGUSSON, PRESIDENT.

PRIMARY CANCER OF THE HEART.

DR. FULLER related the case of a patient admitted under his care at St. George's Hospital, detailing the symptoms during life, which were somewhat obscure. After a short residence in the hospital, the patient died, and a large encephaloid tumour

of the heart was found: it was primary; it penetrated the walls of the left ventricle, almost replacing the muscular tissue, and involved more or less the other cavities. There was no malignant disease in any other part of the body.

RUPTURE OF A HERNIAL SAC.

Mr. N. WARD showed a preparation from a patient above seventy years of age, who accidentally fell while walking, and received a blow on the tumour of an inguinal hernia. Collapse followed, and he died fifty-five hours after the accident. After death, an enormous hernia was found, containing a great part of the large intestine and of the small intestines. There was no peculiarity. There was much effusion of blood from the rent in the sac.

ABSCESS IN THE WALLS OF THE ABDOMEN.

Dr. COOTE exhibited a specimen which occurred in a case where it complicated cancer of the stomach. It was situated in the left hypochondrium. The pyloric end of the stomach was adherent to the abdominal walls at the spot in question, and abscess was produced, but there was no communication between the internal disease and the cavity of the abscess.

PERICARDITIS IN BIRDS.

Dr. CRISP showed several specimens, remarking that he believed the observation of such diseases in the lower animals would be found to throw much light upon human pathology. The disease in question was very common in birds, for which he believed there were obvious physiological reasons. The subjects of the disease exhibited were the Muscovy duck and the black swan. Dr. Crisp described the microscopical appearances seen in the lymph thrown out, and remarked on other particulars observed.

A conversation took place on the influence of domestication upon the production of disease amongst animals, in which Mr. Partridge, Dr. Schulhoff, Mr. Fergusson, and Dr. Crisp took part.

HÆMATOMA AURIS.

Mr. TOYNBEE exhibited a specimen of this disease, which is often connected with disease of the brain—more generally so, perhaps, than is usually believed. It is stated never to be found amongst the female patients in lunatic asylums, but only in the males.

CANCER OF THE LUNG.

Dr. BRISTOWE exhibited this specimen to illustrate a peculiar mode by which cancer sometimes affects the lung: that is, by a deposit along the course of the tubes mainly; other parts of the lung were but slightly affected; while all the tubes, large and small, were thickened and rendered opaque by the deposit in question.

DISEASE OF THE PULMONARY ARTERY.

Dr. BRISTOWE also showed an example of much more considerable disease of this artery than is rarely seen, from a man aged fifty-nine. The symptoms during life were chiefly those of bronchitis and some œdema of the extremities. The vessels had much atheromatous deposit, but it was not so in the systemic system of arteries.

FRACTURE OF THE ACETABULUM.

Mr. HOLMES showed a preparation of the os innominatum in which the acetabulum was largely fractured. The signs during life were somewhat obscure; those of fracture of the femur were absent, although the injury and the age of the patient (seventy) were such as indicated its probability. He gradually sank, after the formation of abscesses in the shoulder and elsewhere. The two extremities were of equal length. The capsule of the joint was full of pus, but was not lacerated.

Mr. PARTRIDGE related an interesting case of similar fracture in a young lady aged seventeen years, producing subsequently difficult parturition.

Mr. COULSON suggested that death was due to pyæmia in the case of Mr. Holmes.

IMPACTION OF A PIECE OF MEAT IN THE LARYNX, CAUSING DEATH.

Dr. ANDREW showed a larynx with a piece of meat impacted tightly in it, producing suffocation. It occurred in the case of an insane female patient; death was almost instantaneous, and took place before assistance could be obtained. In the same body, there was a calculus in the ureter, and several gall-stones in the ducts and gall-bladder.

HYDATID TUMOUR IN CONNEXION WITH THE URINARY BLADDER.

Dr. HABERSHON showed a preparation from a patient who suffered from chronic disease of the stomach. The patient had a large mass in the region just above the bladder, which was supposed to be distended bladder, but which was not diminished by the catheter. After death from cancer of the stomach, a large hydatid tumour containing three pints of hydatids was found connected with the upper part of the urinary bladder.

Mr. HENRY THOMPSON said that these cases were rare, although recognised as occasionally occurring. He had collected five cases, and had recently seen a sixth, in which puncture for retention by the rectum evacuated a large quantity of hydatids. The patient, who was a boy, made a good recovery. Usually, the hydatid sac was situated between the prostate or base of the bladder and the rectum.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 2ND, 1860.

DR. RIGBY, PRESIDENT, IN THE CHAIR.

THE minutes of the last meeting having been read and confirmed, the following gentlemen were balloted for and elected Fellows of the Society—namely, Henry Martin Holman, M.D.; William Leishman, M.D.; Henry F. Marley, Esq.; and T. H. Waterworth, Esq. Four gentlemen were also proposed as candidates for the Fellowship.

A CASE OF RUPTURED PERINÆUM, AND BIRTH OF THE CHILD BETWEEN THE OS VAGINÆ AND ANUS.

BY I. B. BROWN, F.R.C.S.E., ETC.

In this case the child's head rested on the perinæum, but delivery was delayed, though the pains were very violent, owing to the non-dilatation of the os vaginæ. While a friend of the attending practitioner went to fetch the forceps, the perinæum gave way between the os vaginæ and anus, and the child was expelled completely through the opening. A fortnight afterwards, Mr. Brown pared the edges of the wound, which remained unhealed, and cut through the fourchette. Iron wire sutures were introduced, and the parts all healed completely.

Several old and curious pairs of Midwifery Forceps were exhibited to the meeting by Dr. F. CHARLES CORY. The manner in which these instruments were applied was explained by the President.

Dr. MEADOWS exhibited a specimen of

CONGENITAL HERNIA (?) OF THE LIVER.

The whole of this viscus was enclosed in a pouch, to which it was firmly adherent, and which had protruded through the umbilical opening, drawing forward with it the inferior vena cava, which entered the thorax just behind the sternum. The cæcum was situated in the right hypochondrium, the colon descending thence on the right side to the pelvis, where it ended in the rectum. Portions of the stomach and small intestine were also contained in the pouch with the liver, but there was no obstruction of the bowel. The child died one month after birth, dry gangrene having extended to the mass after the death of the umbilical cord.

ON THE MINUTE ANATOMY AND STRUCTURE OF A FIBROUS TUMOUR OF THE WOMB, EXHIBITED TO THE SOCIETY AT THE FEBRUARY MEETING.

BY HENRY G. TIMES, M.R.C.S.E., ETC.

The tumour is uterine in its origin; its form is kidney-shaped; it is of the size of a child's head at birth, and weighs 10lbs. The structure consists of uterine fibres and white fibrous tissue, arranged concentrically, with abundant calcareous deposit amongst the laminæ. The pedicle is formed of uterine tissue, spreading out and embracing the sides of the tumour. The length of the uterus is six inches, and the os is occluded an inch from its orifice. By the tumour's weight in growth, the body of the uterus is separated two inches from the cervix, and all the openings into it are occluded. The Fallopian tubes are six inches long, but both alike occluded. Both ovaries are present, but lengthened to three inches into round and cord-like ligaments; the usual ovarian structure, however, is recognisable in both.

ON CERTAIN PHENOMENA, FACTS, AND CALCULATIONS INCIDENTAL TO, OR CONNECTED WITH, THE POWER AND ACT OF PROPAGATION IN FEMALES OF THE INDUSTRIAL CLASSES IN THE METROPOLIS;

DERIVED FROM AN EXPERIENCE EXTENDING TO UPWARDS OF 12,000 CASES CAREFULLY OBSERVED.

BY A. B. GRANVILLE, M.D., F.R.S., ETC.

After an appropriate introduction, in which reference was made to the establishment of the present Obstetrical Society, destined to carry out the much higher duties, which a former Obstetrical Society, through pitiful and miserable considerations, had disregarded, of promoting obstetrical knowledge in all its branches; and after contrasting the present more elevated condition of midwifery in this country with its humiliating state when he commenced his practice in the metropolis, Dr. Granville proceeded to give the result of his experience at two lying-in institutions—the Western General Dispensary and the Benevolent Institution,—extending over a period of several years, during which he had acted as obstetrical physician, and had carefully recorded upwards of 12,000 cases, out of nearly 22,000 admissions, in minutely subdivided registers, to which he had invited the personal inspection of the President.

The summary of the varied information thus collected Dr. Granville had arranged in thirteen tables, two appendices, and a coloured diagram, which were circulated amongst the auditors present at the meeting, whilst the memoir or report was being read by the Secretary, giving a running commentary, with facts and explanations, illustrative of the contents of the tables themselves. All these facts were preceded by the enumeration of the several means, adopted by the author during his public practice, through which a knowledge of those facts was obtained and registered. Dr. Granville dwelt with much force on the benefit which several branches of human polity would derive from tabulated and positive facts such as obstetrical reporters and obstetrical societies alone can supply; and observed that it is, indeed, difficult to conceive how questions concerning the laws which govern the reproduction and preservation of the human species, or which regard the natural duration of its existence, or the valuation of female and infant life, or the theory of population, can be discussed in the absence of such information as obstetricians alone daily and hourly witness and collect. According to M. Fourier, the eminent French mathematician, there is "in all statistical researches a general proposition to which too much attention cannot be paid,—namely, that the indefinite repetition of events, generally denominated fortuitous, does away with the degree of changeableness that may belong to them. In a series of an immense number of facts, there are none but constant and necessary relations, determined by the nature of things;" and such immense number of facts the published records of the Dublin Hospital, the Maternité of Paris, the reports of Carus, Siebold, Collins, Montgomery, Churchill, Scanzoni, &c., amply supply.

Dr. Granville then proceeded to add his own quota of such original facts, which he divided into four great sections:—1st, Ages of Pregnant Women; 2nd, Produce of Pregnancies; 3rd, Multiparous Births; 4th, Parturition. He stated at the conclusion that another great source of facts remained to be treated,—namely, abortion; without which, he maintained, all attempts at calculating and duly estimating the power of reproduction in the human species must necessarily be imperfect; but the great length to which the memoir had extended precluded the possibility of this all-important subject being treated on the present occasion, and would be reserved for another season, together with the consideration of some of the most striking cases of the diseases of females and children.

The subject of the *Ages of Pregnant Women* was very fully treated, and elicited some curious results, the principal of which is, that Englishwomen arrive at the culminating period of prolificacy at thirty years of age. The author had shown, on a former occasion, that the same culminating point in France was at twenty-eight and a half. This culminating point was strikingly shown in the coloured diagram, in which were also exhibited two other curious facts—that just before and immediately after the period of thirty years, reproduction comparatively stood still in the first, and sank to a very low scale in the second: as if, in the former, Nature prepared herself for an immense exertion, being no less than the duplication of births; and in the latter she showed tokens of exhaustion.

Under the head of the *Produce of Pregnancies* at both charities, we have a total of 12,478 children, or 6615 boys and 5863 girls, the proportion of males to females being as 1⅛ to 1, which is a somewhat higher rate than the one cited by Quetelet as the general proportion of the sexes in Europe—viz., 106 males to 100 females. Of the above number of uniparous births, 277 were of still-born children, the male sex preponderating. This proportion of still-born is a more favourable rate than is recorded in all the principal and well-known obstetrical reports. Of multiparous births, Dr. Granville recorded 136 cases of twins, and 4 cases of triplets, being a case of twins in 62¾ labours, and 1 case of triplets in 3154 cases. The Dublin Report gives 1 triplet case in 4652 births. Bérard and Robin assign the produce of twins in Frenchwomen as 1 in 70 or 80 deliveries, and triplets 1 in 7088 cases, being half the English rates. In 1820, at the Western General Dispensary, there had been 16 twin cases in 669 deliveries, being 1 twin case in 42 labours.

Under the head of *Parturition*, the author brings forward afresh his proposal for a much simpler classification of labours into active and passive; the latter being subdivided into manual and instrumental. He thus does away with the use of such inapt denominations as are still retained in most of the modern treatises on midwifery—namely, "natural, premature, preternatural, tedious, laborious, instrumental, impracticable, complicated, difficult, lingering, complex, unnatural"—as if anything could be in Nature unnatural. After mentioning sixteen different positions in which the child presents, besides what he calls the primitive or normal one, under each of which Dr. Granville gives the proportion as compared to the total number of labours; and after having dwelt on the comparative frequency of certain positions to that of others, he proceeds in Tables XI. and XII. to show the number of passive labours that had taken place under his direction in 12,478 deliveries, distinguishing the manual from the instrumental, and giving the results as to the children born. In the 267 cases of abnormal presentation, the proportion of still-born children after passive labour was 1 in 304. And another fact is elicited from the two tables in question—viz., that the manual and instrumental labours were nearly equal. Under the head of mortality of the mother the proportion of 1 in 500 is recorded. Some important remarks were made on the use of the forceps, Dr. Granville advocating its early employment in labour to prevent craniotomy, the proportion of which operation by-the-bye, in his experience, amounted only to 9 in 267 cases of abnormal presentation, or 1 in 1380 labours. The proportion of forceps cases has been 1 in 621 of all the labours. Dr. Granville invariably used a somewhat larger form of Assalini's forceps. The general result of his practice gives a proportion of passive to active labours as 1 in 103,⅝, of hand labours as 1 in 218, and of instrumental labours as 1 in 270.

The subjects of placenta prævia, convulsions, hæmorrhage, syncope, deformities caused by the imagination of the mother, and a case of locked-jaw in parturition, were referred to, with their respective frequency, and the manner of their termination. The author concluded with the promise of a second communication for next season, should he be spared another year.

Dr. TYLER SMITH observed that when a gentleman of Dr. Granville's age and experience came before the Society with an elaborate paper, it was only due to him that he should be treated with great respect. But still a few critical remarks ought to be made to prevent errors being perpetuated. Now, although Dr. Granville's practice was doubtless good in its day, it was hardly up to the mark of the present time. For instance, the forceps had only been applied once in every 600 cases; but no one could now safely conduct a large midwifery practice without recourse to this instrument much more frequently than these figures indicated. With regard to children born with deficient limbs, it was now allowed by all physiologists that they could be explained without having recourse to a belief in the power of the mother's imagination. The case mentioned by Dr. Granville was not an example of arrested development, but simply an instance of intra-uterine amputation. Dr. Montgomery had admirably explained the mode in which this occurred. It is also well known that the fœtus in utero may imbibe from the mother the contagion of small-pox; but it could not be supposed that this disease was due to the mind of the mother acting upon the unborn child.

Dr. MURPHY asked for an explanation of one or two points, especially as to the earliest and latest periods of life at which the author had known pregnancy to occur. He also remarked that it seemed to him very difficult altogether to ignore the influence of the mother's imagination in producing certain deformities of the fœtus.

Dr. TANNER said that, owing to the time allowed for the meeting having elapsed, he would only make two observations on the paper which had been read. First, with regard to the

influence of the mother's imagination or fears in producing deformity of the fœtus. On this head he would remind the fellows that Dr. William Hunter took some pains to investigate the subject at the Lying-in Hospital to which he was attached as physician, and with this result—namely, that in 2000 cases there did not occur a single instance in which there was any coincidence between the fright, or accident, or longings of the mother and the deformity of the child. Dr. Tanner had himself met with an instance where the evidence in favour of some connexion between a fright and the deformity appeared to be strong, until the case was examined into; when it was found that a normally developed gland had been mistaken for disease. The second point was as to the propriety, in breech presentations, of adopting Dr. Granville's practice in using the blunt hook to pull down the legs. Dr. Tanner considered such a proceeding would often be fatal to the infant. He always endeavoured, on the contrary, to keep the legs up rather than to pull them down, so that the umbilical cord might not be unduly compressed.

Dr. Druitt wished to make only one remark. The question as to the influence of the maternal imagination in producing deformity of the child ought to be looked at from every point of view. Now, how did the advocates of this theory explain the malformations of chickens, &c.? Surely no fright to the hen while sitting could affect the chick in the egg.

Dr. Granville having replied, the meeting adjourned until the 6th June.

Reviews and Notices of Books.

On Obscure Diseases of the Brain and Disorders of the Mind: their Pathology, Diagnosis, Treatment, and Prophylaxis. By Forbes Winslow, M.D., D.C.L. Oxon., &c. pp. 721. London: Churchill.

From the list of works which in late years have marked the progress of investigation on almost every subject coming within the province of medicine, a book of authority on the disorders of the mind and diseases of the brain appears to have been omitted. Since the writings of Haslam, Prichard, Morrison, Conolly, Bucknill and Tuke, no volume specially devoted to the consideration of the whole subject of insanity has issued from the British press. Notwithstanding the sad fact that cerebral and mental diseases have of late years fearfully increased amongst all classes, no work on their diagnosis and treatment exists which, in the present advanced state of knowledge, can be properly considered as a text-book on the entire subject, for the use of students and medical practitioners. Abercrombie's admirable volume on the "Diseases of the Brain," published in 1829, is the last and best of the distinct treatises which have appeared. Mental and cerebral affections have found exposition in short discursive *brochures* from many writers. Sir Charles Bell's and Dr. Marshall Hall's brilliant writings, Dr. Carpenter's investigation of the "Correlations of Physiology and Psychology," Sir Henry Holland's "Chapters on Mental Philosophy," Mr. Solly's work on the "Anatomy and Physiology of the Brain," Dr. Brown-Séquard's "Lectures on the Physiology and Pathology of the Nervous System," Dr. Todd's "Clinical Observations," and Dr. Copland's work on "Apoplexy and Paralysis," with others of minor reputation, constitute so many detached and valuable essays in which mental and cerebral diseases, in their relations to nervous pathology, are partially treated, or incidentally alluded to, and which still leave an important void. Dr. Winslow's *Psychological Journal*, and the *Journal of Mental Science*, edited by Dr. Bucknill, have, in a great measure, diminished the inconvenience which the want of a standard work on the Principles, Pathology, and Practice of Mental and Cerebral Diseases admittedly occasions. This being the condition of English literature, it may be further observed that no author, in any language, has attempted to lay down principles for the recognition of symptoms which precede diseases of the mind or brain, while they yet admit of prevention or cure. Dr. Winslow, whose extensive learning and varied experience pre-eminently qualify him for so grave a responsibility, undertakes to supply a great desideratum in medical literature. His present volume purports to "offer a scientific analysis of those complex and subtle phenomena which mark the *incipient* stages of mental and encephalic diseases, as an *avant-courcur* to a distinct work on Softening of the Brain, and other specific and individual types of cerebral disease." Such an unassuming prefatory observation is scarcely calculated to prepare the profession for a most masterly exposition of every conceivable phase which cerebral disease, in its psychical and physical operations, has been known to assume. The extent of this hitherto untried field may be inferred from the order in which Dr. Winslow proposes to enter on its investigation. His method is as follows:—

1. Morbid Phenomena of Intelligence.
2. Morbid States of Motion.
3. Morbid Conditions of Sensation.
4. Morbid Phenomena of the Special Senses.
5. Morbid Phenomena of Sleep and Dreaming.
6. Morbid Phenomena of Organic or Nutritive Life.
7. General Principles of Pathology, Treatment, and Prophylaxis.

It is obvious that to traverse so comprehensive a range is beyond the scope of a necessarily limited review. The work is fairly susceptible of consideration in its psychical, juridical, and cerebro-pathological aspects, and under these heads we may with advantage investigate its merits.

The notion that cerebral affections are not subject to general pathological laws has long proved a shield for ignorance and incompetency. Dr. Winslow not only shows the utter fallacy of such a notion, but also forcibly demonstrates the danger which results from the neglect of the premonitory symptoms of cerebral affections present. Appealing from analogy to experience, he asserts, as a general postulate, that, the brain being the physical medium through which the mind manifests its varied powers, all structural lesions of the encephalon, its investing membranes, and bloodvessels, are associated with adequate and appreciable derangement, modification, or alteration of its several functions:—

"The affections of the brain have, I maintain, undoubtedly a premonitory and precursory stage.

"In every case of disease of the encephalon, particularly if the organic change or pressure be established in the vesicular matter, or in the membranes immediately investing the brain, a disordered, or abnormal state of cerebro-psychical phenomena may, in the incipient stage, on careful examination, be detected."

This assertion is tantamount to a declaration that the psychologist stands in the same relation to mental and cerebral diseases as the general physician does to cases ordinarily presenting themselves. The importance of this truth cannot be too highly estimated, and will be evidenced as we proceed.

In discussing the Morbid Phenomena of Intelligence, Dr. Winslow graphically sets forth the principles of diagnosis between an unnatural and often suddenly developed flow of animal spirits which merges into a state of unhealthy mental exaltation, as distinguished from a normally excited mental condition. The wide influence which depression exercises, ranging from mere listlessness to acute melancholia, leads to interesting investigations into the nature of *ennui*, which, from the conflict of thought and principles marking the struggles of natural instincts and impulses during its continuance, is argued to be not always a condition of mental inactivity. The morbid affections of mind denoted by certain marked deviations from ordinary phases of *thought*, and normal modes of action or *conduct*, are reviewed in their contrast with temporary and transient exaggerations of health. These various gradations of psychical disorder and weakness, observed to blend almost imperceptibly with each other, Dr. Winslow describes as

"Extending from the shadowy forms of false perception, erroneous judgment, paralysed volition, perversions of the moral sense, derangement and confusion of thought, to positive hallucinations and clearly manifested insane delusions; and from brain-fag, cerebral lassitude, loss of mental stamina, tone,

weakened memory (*dysmnesia*), actual loss of memory (*amnesia*), and flagging powers of attention, to obvious states of imbecility and idiocy."

Passing from these phenomena as indicative of the earliest cerebral changes, their further progress when constituting Premonitory Symptoms of Insanity comes under review. Dr. Winslow believes there are four philosophical *points d'appui* which the psychological physician should analyze with metaphysical exactness and scientific precision, in order to obtain a right appreciation of the mind in its incipient as well as matured conditions of disorder. These are—

"1. The present limited knowledge of the physiology of the nervous system, and ignorance of the phenomena of mind and life.

"2. Analogy between insanity and dreaming.

"3. State of the mind when passing into a condition of alienation, as deduced from the written confessions of patients after recovery.

"4. Morbid phenomena of thought, as manifested during the states of transition, and convalescence from attacks of insanity."

The different questions which have at various times been propounded in reference to the nature of insanity, together with the several problems its intricate character suggests, are set forth with perspicuity, for the purpose of showing the extent of our ignorance of subtle abnormal mental phenomena, as well as our limited knowledge of the healthy constitution of the human mind. Inquiries thus induced are subordinated to the investigation of the mind in the incipient stage of disorder when passing into one of its numerous phases of disease, and to its state when emerging out of a *morbid* condition into one of *healthy* thought. Dr. Winslow urges the adoption of a rigid process of synthesis as well as of analysis for the just appreciation of the stages through which the mind passes when, deprived by disease of its power of healthy co-ordination, it lapses into an automatic condition.

The investigation of the laws governing the operation of thought leads to the consideration of the theories of Cousin and Sir Wm. Hamilton as to native mental cognitions and primary conditions of intelligence. Dr. Winslow believes the "regulative faculty" to rest in the cerebrum, in complete analogy to that subtle principle or force evolved in the cerebellum, which establishes a unity of action in, adjusts, harmonizes, and co-ordinates the varied muscular movements of the body. This view is strongly confirmed by the observation of certain forms of disease, in which the fine relations of the cerebral functions are disturbed, without any appreciable manifestation of physical derangement.

"There is," writes Dr. Winslow, "a *psychical* as well as a *physical* chorea, or St. Vitus' dance, in which the patient is not under the influence of any fixed or transient delusion. In these cases, the insanity appears to depend upon a *disordered state of the psychical co-ordinating power* (eliminated, in all probability, in the *cerebrum*), and paralysis of what may be designated the *executive*, or, to adopt the phraseology of Sir Wm. Hamilton, 'regulative' and 'legislative' faculties of the mind."

This highly original and most important view of psychical action is one capable of explaining many of those apparent anomalies which mental diseases present. The mind *disordered*, though not *deranged*, has often puzzled psychologists. This choreic type of insanity, Dr. Winslow shows, is often unassociated with any form of delusion, hallucination, or illusion. In women it has been observed to be connected with obscure irritation and disease of the uterine system; in men, we may add, similar phenomena have resulted from certain forms of prostatic disease.

The close resemblance between the mental impressions experienced in dreaming and the automatic operations of the intellect, observed in insanity, is suggestive of inquiries into the nature of volitional power, its influence over certain trains of healthy thought, and its capability of guiding certain admittedly morbid conditions of the intellect. Its abeyance in health whilst dreaming results in the similitude of disease; its exercise in disease in a waking state produces a resemblance to dreaming. Insanity and dreaming are thus shown to bear to volition a kind of correlation, which in prognosis is not without significance. Illustrative cases are detailed, in which, during sleep, the will, impulses, emotions, ideas, and passions appeared to undergo similar influences to those observable in cerebral affections.

The condition of the mind when in a state of aberration is portrayed with much force in the confessions of patients after recovery. Where *all* the powers of the mind are not alienated or overthrown, Dr. Winslow believes the sufferer may be so far conscious of his disorder as to be able to describe his sensations clearly. This admission we shall have occasion to refer to in estimating certain *pseudo* forms of mental disorder.

In recounting the circumstances which have led to the present great improvement in the condition of the insane, and to the progress made in the *pathology* as well as *therapeutics* of insanity, the labours of Dr. Conolly are deservedly eulogized.

Anomalous and masked affections of the mind obtain lengthened consideration. The absence of any psychical test to which, judicially and psychologically, appeal might with safety be made in difficult instances, is found to be owing to the variable nature of the disease, as well as to the difference which in health distinguishes individual minds. Dr. Winslow writes:—

"Each case must be examined by, and in relation to, itself, and not in reference to any preconceived definition or *à priori* hypothesis of insanity."

The obscurity surrounding certain unrecognised morbid states most frequently implicating the affections, propensities, appetites, and moral sense, is shown to result from their liability to be confounded with conditions beyond the legitimate domain of pathology, which "do not come within the province of the physician, unless they can be plainly demonstrated to be *morbid results*, and positive and clearly-established deviations from cerebral or mental health." The serious consequences which ensue on a non-recognition of these forms of disease Dr. Winslow believes cannot be too highly estimated. Alluding to those *pseudo* mental conditions which give undue prominence to a particular faculty, or seize hold of one passion or appetite, he writes:—

"Many of these sad afflictions are symptomatic of unobserved and, consequently, neglected cerebral conditions, either originating in the brain itself, or produced by sympathy with morbid affections existing in close organic relationship to the great nervous centre."

The stage of consciousness, a condition to which observation has not hitherto been directed, receives particular attention. The struggles between reason and insanity, the foreshadowings and morbid apprehensions of the latter, which not unfrequently lead to self-immolation, are patiently traced to their material or mental sources in order to gain the clue to their unravelling.

The stage of exaltation is considered in its psychical and somatic relations. The wit, ingenuity, and cunning of the insane, their self-control and shrewdness, receive explanations, metaphysical and psychical, according to the different physical influences the same disorder exercises on the instinctive appetites as contradistinguished from the intellectual faculties:—

"In its incipient stage," Dr. Winslow writes, "mental disease is characterized generally by acute morbid sensibility, physical and mental, accompanied by a difficulty in fixing the attention.

"Insanity often first shows itself in a morbid exaggeration—a diseased excess in the development of normal healthy mental conditions.

"These phases of mind, necessarily obscure, frequently manifest themselves in either an exalted, depressed, or vitiated state of the moral faculties."

Observations of this character are but the prelude to the enumeration of cases which stamp the volume under consideration as a practical clinical exposition of the vital manifestations of disease.

Alterations of character and disposition, morbid views of religion, unaccountable acts of brutality and immorality, recklessness in expense, erotic excitement, and diseased imagination as distinguished from the operations of vice—each and all of these various moods, in their several manifestations, Dr. Winslow believes to constitute a type of morbid mental disorder which exists to a frightful extent in real life. Its detection, he affirms, is happily within the reach of the physician who, "to a practical knowledge of human nature adds an acquaintance with the higher departments of mental and moral philosophy, as well as of cerebral pathology."

The stages of mental depression and aberration in which the intellectual, perceptive, and moral faculties become involved, suggest inquiries as to what means exist of detecting the fatal boundary line separating the sane from the deranged mind. In the former of these conditions, the presence of latent and concealed delusions explains the act of self-destruction, in which cases of that class not unusually end. The steps by which such a condition is accomplished, the struggles between sane knowledge and insane apprehensions, the inward strivings and outward watchings, marking the ebb and flow of disease, are traced from their trivial and insignificant beginnings to the stage when

"The intellect at last yields to the pressure, and the general health becoming deranged, the idea which was originally only an extravagant conception, assumes the dimensions of a clearly manifested delusion: in other words, *a fixed and settled insane idea;* the insanity consisting not in a creation of the fancy *de novo*, but in a morbid *exaggeration* and insane *perversion* of actually existing circumstances."

Impairment of Mind as manifest in its general weakness, morbid phenomena of Attention, and morbid phenomena of Memory conclude the subjects discussed in the first section of the divisions adopted for the purposes of review.

The morbid phenomena of memory are reserved for future notice.

It will be apparent from the extent and nature of this imperfect analysis of its first section, that Dr. Winslow has produced no ordinary book. The plan on which it is carried out is altogether original. Complete in range, exact in description, copious in matter, and abounding with cases, its worth may be said to consist as much in its enumeration of sources of error as in its exposition of principles of truth.

THE ROYAL COLLEGE OF SURGEONS AND UNEDUCATED CANDIDATES.

[LETTER FROM DR. ROBERT H. SEMPLE.]

To the Editor of THE LANCET.

SIR,—I have just read a letter in your impression of last week, written by Sir B. Brodie, on the subject of the admission of uneducated candidates to the membership of the College of Surgeons, and I confess that this document has filled me with astonishment and dismay—feelings which I am sure that I share with the great body of medical practitioners in this country.

The facts of the case to which Sir B. Brodie's attention has been drawn are patent to the profession, and they simply disclose the circumstance that certain persons, who have passed through no course of professional study, have been admitted members of the College of Surgeons, to the great and just indignation of hundreds and thousands of gentlemen, who have worked hard to obtain the same honour. Now, Sir B. Brodie professes to have no knowledge of the particular cases which have occasioned so much scandal; but he proceeds to justify the whole proceeding on general grounds, which I cannot help thinking are utterly untenable, and upon these general grounds I beg leave to offer a few remarks.

I hope that I do not misrepresent Sir B. Brodie's opinion when I conceive it to mean that the College of Surgeons is perfectly justified in admitting to examination persons who have received no previous professional education, and that the College in so doing has acted in strict conformity with the spirit and the letter of the Medical Act of 1858.

Now, Sir, I fully admit that the different medical corporations have acted wisely and judiciously in facilitating the admission to licences and degrees of gentlemen who, from various circumstances, have failed to procure *all* the testimonials required for medical practitioners since the Act of 1858. I think, therefore, that a Surgical College granting on somewhat easy terms a diploma to a medical graduate, or a Medical College granting one to a surgeon, is a proceeding strictly within the meaning of the Medical Act, and is consistent with justice; but until the appearance of Sir B. Brodie's letter I had no idea that it was either legal, or fair, or just, or necessary to admit to examination persons who not only possessed *no legal qualification at all*, but who had *never received any education whatever* to entitle them to present themselves for examination. Yet such was precisely the case with the persons who have lately received the diploma of the College of Surgeons, and Sir B. Brodie casts the shield of his great name over this very disreputable proceeding.

I recollect very well that about this time last year a contributor to your journal, acting under a mistaken conviction, alleged, in a letter published in your columns, that two gentlemen had received licences from the Court of Examiners of the Society of Apothecaries under circumstances precisely similar to those under which certain diplomas have been granted lately by the College of Surgeons. The difference, however, turned out to be this, that both the gentlemen who had received the licence of the Society of Apothecaries were *members of the College of Surgeons of several years' standing*, and were subjected to the usual examination *after producing ample evidence of professional education and hospital practice.* These facts the Court of Examiners were prepared to prove upon oath, and by the production of documentary evidence; but your own liberal and honourable conduct in publishing the real facts in your columns obviated the necessity of legal proceedings.

For my own part, having been for many years connected with one of the Medical Examining Boards, I can truly state that I have never before contemplated the propriety of admitting to examination persons who have not been regularly educated; on the contrary, considering the abundant opportunities afforded to medical students in the present day of acquiring information, I should think it preposterous to entertain such an idea, and I feel truly grieved to differ from so high an authority as Sir B. Brodie upon this most important subject.

If Sir B. Brodie's opinion is to be acted upon, I really think that it will be unnecessary hereafter for any of the medical corporations to "make any minute inquiries" (as Sir Benjamin delicately expresses it) into the early professional studies of any candidates for examination; but they can merely take all the fish that come into the net, and thus swamp completely with half-fledged pretenders a profession already overcrowded with zealous and well-educated practitioners. But before such a result shall ensue, (and may Heaven avert it!) I hope that the profession will speak out, undeterred even by the authority of a gentleman so justly esteemed and so universally admired as Sir Benjamin Brodie. In your widely circulated columns the voice of the many thousand practitioners of the British empire can make itself heard, and I am sadly mistaken if the general opinion does not coincide with that of so humble an individual as myself—namely, that the present is an age of progress rather than of retrogression, and that it is the duty of those who possess any influence on medical education to advance, and not to retard, the acquisition of sound medical knowledge.

I remain, Sir, your obedient servant,

Torrington-square, May, 1860. ROBT. H. SEMPLE, M.D.

WESTERN MEDICAL AND SURGICAL SOCIETY.—The annual meeting of this Society took place on the evening of the 4th inst., when the following officers were elected for the ensuing session:—*President:* Dr. E. C. Seaton.—*Vice-Presidents:* Dr. Fincham; Messrs. Keen, Leggatt, and Cumberbatch.—*Council:* Drs. Cahill, Barclay, C. G. Brown, Marcet, Anstie, and Stacpoole; Messrs. J. R. Lane, H. Brown, Turner, Scannell, Pollock, and Mould.—*Treasurer:* Dr. E. C. Seaton.—*Hon. Secretaries:* Dr. Baines and Mr. Milner.—*Hon. Librarian:* Mr. Thomas Dickinson.—*Auditors:* Messrs. Stevens and C. Hunter.—The reports of the Auditors and Council were read and adopted. A vote of thanks to the officers for the past session was proposed, to which the President replied, making a few remarks upon the satisfactory condition of the Society. The meeting then terminated.

THE LANCET.

LONDON: SATURDAY, MAY 19, 1860.

THE address of Earl GRANVILLE at the annual gathering of the University of London is justly regarded by the literary and scientific world as one of the most interesting events of the season. The Chancellor, on these occasions, not only passes in lucid review the history and progress of the University during the past year, but he also never fails to throw the warm light of a generous mind and cultivated intellect over the subjects of his discourse. The recipient of degrees and honours feels a prouder glow at his early success, and a firmer resolve for future exertion, when he hears those cheering and suggestive words with which the head of the University greets him on his admission into the academical body. That brilliant assembly, drawn together to grace the occasion; the imposing array of professors, examiners, and senators; the lively crowd of students, joyous at the present success of their fellows, and hopeful of their own; the pleased and eager visitors; the very walls, from which look down the portraits of the departed glories of literature and science, whom imagination may invest with an approving smile for that work which continues, fructifies, and diffuses the knowledge of olden times,—constitute a scene that even maturity and old age behold with gratification, and that will dwell as a happy memory in the minds of the youthful graduates, encouraging and sustaining them in their future career.

Admission into the University of London has now become a privilege to be coveted, not alone for the literary and scientific distinction obtained, but also for the important social and political advantages acquired. Graduates now form an integral and active part of the University. As members of Convocation, they nominate persons to be chosen for seats in the Senate, and enjoy other advantages which give them a considerable influence over the government of the University. And whenever a Reform Bill shall pass, a clause—the only one, perhaps, that has escaped animadversion—will confer on them the high privilege of sending a representative to the House of Commons. These powers invest the degree with far more than a scholastic or professional dignity; they impose a serious national duty. In adverting to this subject, Earl GRANVILLE rightly expressed a hope that the choice of his hearers would be uninfluenced by party spirit, and that they would send to the House of Commons a man who would not only represent local interests, but uphold the cause of literature and science.

The Metropolitan University includes men belonging to every party, and to the extremes of every party. This circumstance, if discretion and good feeling govern, is an element of strength. But if any section, disregarding the general interest, attempt to break through the one common bond of a literary and scientific community, then will discord prevail, and the *prestige* of the University suffer irreparable damage. In the contest for Parliamentary representation, one thing should ever be present to the mind. No one section has a right to seek to identify the University with itself; nothing but the blindest rancour of party can lead one set of men to strive to make the University of all lend its moral weight in the Legislature to prop up the political or religious views of the few. To repeat the warning words of Lord GRANVILLE, let us again say that the two things a University has to represent are literature and science.

To turn to other topics, we observe with satisfaction that that most wise and liberal provision in the new Charter which the Senate carried with the support of but a small band of graduates—the admission of candidates who are not connected with affiliated Colleges—is working well for the University, and well for the cause of free education. Of eighty-one persons who presented themselves for the degree of B.A., thirty were non-collegiate men; and a large proportion of these were admitted to the honours of the first class.

The spreading fame of the institution is further manifested by the call throughout the country for provincial examinations. Five examinations, conducted by sub-examiners deputed from London, have been held at various places; and there are applications for four examinations this year.

Perhaps the most striking compliment to the reputation of the University is the rumour cited by the Chancellor that a great desire prevails in Scotland to obtain London degrees. This is solid testimony, coming as it does from a highly-educated land, where Universities are not scarce, and sagacity not deficient.

Turning his attention to the Medical Faculty, the Chancellor dwelt with marked earnestness and feeling upon the high place which Medicine was entitled to assume amongst the learned professions. We do not think that the questions now agitated as to the general education to be required as a condition for entering the profession could be more strikingly illustrated or more fitly introduced. They all knew, he said, how noble was the medical profession; in hours of peace, how instructive and agreeable was the conversation of a medical man; and in hours of sorrow, how consoling the conversation of a cultivated mind. It was therefore of the utmost importance that the medical man should be a person of good general education. When he considered what industry, intelligence, perseverance, and logical power were necessary to qualify a man for this profession, he was disposed to place it above that of the Law. In accordance with this view, the Senate has prepared a more severe and perfect curriculum. All candidates now pass through the matriculation examination. The special practical tests have been improved by the extension of clinical examinations: the candidate is taken to the hospitals, and his powers of detecting disease and treating it are tried exactly in that manner in which he will be called on to exercise them when he enters upon the responsibilities of practice.

Another feature which has marked the progress of the University is the appointment of double Examiners. In every subject alike in Arts, Law, Science, and Medicine, two Examiners are appointed. This not only secures the candidate against the possible hobbyism of one Examiner, but it is certain to improve the standard of the examination. The concurrence of two minds, of diverse range and experience, will open a larger and more liberal field of subjects, and check more than anything else can the tendency to "cram." The Chancellor expressed his gratification, that by this arrangement no less than nine graduates had found places on the staff of Examiners.

No examination has yet been held for the new degrees in Sciences. But the scheme has been elaborated; Examiners

have been appointed; and this new road to distinction, this new incentive to the cultivation of useful knowledge, is fairly open. We cannot doubt that men who propose to devote themselves to the practical pursuit of Chemistry, Physics, Architecture, Engineering, and Biology, will think it an object worthy of their ambition to enter a University, whose degrees in other professions hold so distinguished a rank in public esteem.

We hope to see the University speedily enlarged by a fair accession of men representing this new department in the commonwealth of knowledge; and in hopeful anticipation of this, and yet fresh marks of vigorous progress, extended usefulness, and increasing honour, we look forward to the next address of the noble and accomplished Chancellor.

SOME able communications appeared in THE LANCET at the beginning of this year, protesting strongly against the conduct pursued towards the gentlemen who have so ably filled the offices of assistant medical officers to King's College Hospital by those having authority over that institution. The statements were precise and authentic, the reasoning thereon clear and logical, and the conclusions very condemnatory of the proceedings of the Council—very monitory to practitioners seeking the best and most worthy school at which to enter fledgling pupils. For the gentlemen who wrote thus strongly and indignantly, did so more in sorrow than in anger, with keen regret that the wretched system, of which the proceedings alluded to are not the first nor the only fruits, should cause them to feel ashamed in acknowledging King's College as their *alma mater*. For the sake of the institution, their statements should have been refuted, if any plausible refutation could be urged, or the proceedings should have been rescinded. And any explanation or extenuation would have received the same publicity in these columns as it was our duty to give to the grave charges preferred against the Council—that, in fact, they had broken faith with their assistant medical officers, without any excuse for such procedure, for a partial and therefore unjust exercise of their power, and for an utter disregard of the interests of the patients of the Hospital.

It is not to be supposed that the medical press will allow a matter of such importance to be lightly set aside until the injustice complained of has been remedied, or the exact extent and significance of those acts of which the Council chooses to assume the responsibility have been precisely explained to the profession and the public.

We are assured that certain members of the Council of King's College express great indignation at the publicity already given to their proceedings, forgetting that they are only administrators of a public trust, are answerable to the public for its just fulfilment, and dependent on, as well as accountable to, the profession for the discharge of that part of the trust which relates to the Hospital. To be indignant at the public mention of their acts is to acknowledge the existence of something they desire to conceal from those to whom they are morally accountable for their stewardship. To persevere in wrong-doing, and at the same time to deprecate any mention of what they have already done, has a *soupçon* of worldly cunning about it scarcely in accordance with that punctilious orthodoxy so much affected at King's College, where it is an absolute rule, that only good sound Protestants, with certificates of proficiency in this respect, can hold any official position in the Hospital. "Quid leges sine moribus vanæ proficiunt?"

The history of the proceedings to which we desire to direct attention is, briefly, as follows:—It is the rule of the principal metropolitan Hospitals that medical officers shall be re-elected at certain periods, the understanding being, in all cases, that the gentlemen in office shall be reinstated. In practice this appears also to have been the accepted version as regards the physicians and surgeons at King's College Hospital, not professors in the school, since Dr. TODD and Mr. BOWMAN were thus re-elected without any mention of their office being terminable.

In appointing assistant medical officers, the same understanding held good; and one of the rules under which they accepted office was as follows:—

"These appointments will be made for three years, from May 1st, 1857; and will be renewable at the pleasure of the Council for a further period of three years, from May, 1860."

On the 24th of last December, the four gentlemen appointed on the above date were startled by the receipt of an official letter, the substance of which we reprint:—

"The Council have been considering the question of re-election of assistant-physicians, particularly in connexion with Dr. Todd's retirement. They have resolved to re-elect you for three years from the 30th of April. However much on personal grounds the Council may regret losing your valuable services at the close of that period, the arrangements they have made with respect to the appointment of assistant-physician will not admit of your offering yourself for re-election."

When we premise that the assistant medical officers believed, and with good reason, that their tenure of office would be the same as that accorded to their colleagues; that some of them had resigned valuable appointments to enable them to hold their posts (for exclusive service is the rule of King's College); and that they were all gentlemen of reputation, of talent, and of high professional promise,—it will be understood that their reply to this unexpected letter was a well-argued and temperate memorial to the Council. Therein they distinctly denied that they assumed office in belief that it would be determinable at any definite period; and declared that, if such had been stated as the meaning of the rule, they would not have sought the appointments.

Now about this time it appeared necessary that additional assistant medical officers should be elected for King's College Hospital, the coincidence being curiously well-timed for the elucidation of the meaning of the above letter. And one of the rules submitted to candidates for these posts in substance ran thus:—"These appointments will be made for two and "one years, and will be renewable, at the pleasure of the "Council, for a further period of four years, *and no more*."

After the lapse of two months, an answer was vouchsafed to the memorial. This reply was framed with that stumbling astuteness which we might expect from some great special pleader undertaking to defend a cause, of the intrinsic meaning and true bearings of which he was entirely ignorant. The intense privacy of the whole business was appealingly urged, and why an urgent appeal for secrecy should form a part of the letter is painfully evident from its contents. It is ill for the well-being of any great public institution when the administration of its important affairs has to be concealed from the public, which is most interested. We therefore un-

hesitatingly break through the weak and unjustifiable sophism which suggests such concealment, as, by good chance, the contents of this letter became known to others than the medical officers to whom it was addressed. Its purport was to extend an act of pretended generosity to the gentlemen concerned, promising them that at the termination of their three years they shall have the privilege (after six years of gratuitous hard work) of competing with any young candidates who may choose to take the field against them; but that, if then successful, they shall be amenable to the same laws as their colleagues just elected—that is to say, they shall be ousted at the termination of the allotted time, and after nine years of faithful service, to make room for some youngsters who may find favour in the sight of the Council.

And so the matter rests at present, so far as official correspondence goes. But the proceedings at a recent election (to which we will allude anon) give significant meaning to these propositions, and may well add to the doubt with which the profession is inclined to look on the motives that guide the administration of the affairs of King's College Hospital and School—may well dispose them to listen to the strange stories of nepotism and of party-feeling alluded to by our correspondents. It is in great measure through causes like to these that the Queen's College at Birmingham has so recently come to such disastrous grief; and not even the *prestige* of King's College, will save that institution from a similar fate, if a suspicion of unfair dealing, which to-day strikes the official and to-morrow may affect the student, be allowed to spring up in men's minds. We believe that, in the matter now under consideration, the course adopted by the Council is neither right nor expedient, and will briefly point out some of the reasons for this belief.

Their first duty in the conduct of the Hospital is to consider the welfare of the patients, for whose relief the institution is kept up. It is evident that a series of youths holding office for three years as assistant medical officers, and then giving place to others of the same class, is not what the public bargains for in supporting an hospital where out-patients are sent to be treated with the ready skill that only matured judgment can supply; and assuredly men of standing and position in the profession will not become candidates for such appointments so restricted. This is not right to the public, and its influence on the contributions will soon prove that it is not expedient for the hospital.

The medical student has to learn much of the detail of ordinary treatment by observation in the out-patient rooms; yet the Council of King's College now propose to place as his Mentors a succession of young men, with their budding honours thick upon them, who must themselves make the best use of their short term of office to acquire, instead of imparting, that accurate and precise knowledge which no man, however gifted, can teach without experience. This is not right to the pupil; its recognition by the profession will soon prove that it is not expedient for the prosperity of the School.

But still worse is the actual case in point, so far as the question of right and wrong is concerned. The Council insist that the appointments made in 1857 were intended to be terminable at a certain period, like those recently granted. Yet the new rule issued for the acceptance of recent candidates is essentially different, as the words italicised in our quotation of them will prove. If, moreover, the old rules had such meaning, why were Dr. TODD and Mr. BOWMAN re-elected without a hint that their appointments were finite. To have decided that these gentlemen, if willing to retain office, should enter the field, at stated periods, against any young candidate confident in his influence with the Council, would have been a ludicrous impertinence which they would have contemptuously resented. Yet the assistant medical officers, who believed their appointments also permanent, and on no other grounds would have become candidates, are now requested to stultify themselves by accepting a terminable tenure of office, and invited to look on this as an act of special grace. It would be well if the Council, instead of adopting and defending such a partial and unjust dispensation, bestirred themselves to ascertain with whom, and under what circumstances, the proposition originated. The process would not be difficult, as we understand that three members only were present when this objectionable rule and dangerous precedent was passed. And, moreover, it might also be well for them to inquire into the procedures at the last election under the new and stringent rules. It may surprise them into better attendance on their duties, to learn that a gentleman was then elected, who has not, and cannot, by reason of his years, obtain one of the qualifications required. Yet, by an exercise of that influence which we have hinted at as tending to undermine the whole fabric of the institution, he was elected in preference to fully-qualified candidates.

We believe the whole system of this constant change of officials to fulfil duties of high responsibility is wrong in principle, and inexpedient in practice. It might be a bait to aspiring pupils; it might afford a little extra opportunity of patronage to those who love such a contemptible exercise of power. But when the requirements and the future of the mass of students are considered, when the just rights of the public are regarded, and when the proper duty and dignity of the Council of King's College as a body—what they owe to others as well as to themselves—are allowed to be the guide of their conduct, we do not doubt that the arbitrary retrospective decisions, against which we protest, will be withdrawn, and the assistant medical officers of King's College Hospital placed in a position similar to that which obtains at other hospitals.

IT appears that the administration of Poor-law medical relief is open to improvement in Ireland as well as in England. The workhouse medical officers have felt it necessary, in the interest of the poor and in that of their profession—two things, indeed, inseparably connected—to form an association for the purpose of representing the imperfections of the existing system. Dr. ROBERT MAYNE and Dr. HUMPHRY MINCHIN have, as chairman and secretary, embodied some of the most pressing grievances in a petition to the House of Commons. It is urged that the practice of permitting non-medical Poor-law inspectors to inquire into matters connected with the working of the medical departments of workhouses is objectionable in the highest degree, as in the course of such inquiries questions not unfrequently arise which none but medical men can be competent to understand. They also protest against a proposal to transfer from the workhouse infirmaries to other institutions surgical cases requiring operation. Such an arrangement would operate as a serious discouragement to the workhouse surgeons. It would deprive them of exactly those cases which are best calculated to stimulate their professional zeal, and thus tend

to lower the execution of their duties to a mere perfunctory routine, from which the quickening life of scientific interest is absent.

That the remuneration is inadequate need hardly be said. But the political economists who rule these matters should be made to understand that when to inadequate pecuniary compensation is added the deprivation of the means of professional improvement, the sure result is inefficient and therefore costly services. The position of a workhouse surgeon is onerous enough; it opens but scanty sources of distinction or advancement. Every man worthy of his profession, and worthy of public trust, yearns for those opportunities of scientific observation and experience without which the best of us must quickly decline in knowledge and skill. Deprive the workhouse surgeon of these, and his office is a cheerless, thankless one indeed.

Medical Annotations.

"Ne quid nimis."

LUNACY AND THE ASYLUMS.

WHEN the incubus of finance shall have ceased to weigh upon the House of Commons, we may expect a brief period of attention to questions of health and personal safety. It is possible that some legislation may take place this year on the subject of the regulation of lunatics. The current of public opinion has been turned strongly in favour of a thorough and peremptory system of inspection for all asylums whatsoever, whether public or private. We are the constant advocates of actual and of figurative ventilation and daylight. We are prepared to support all those clauses of the Bill of which Mr. Walpole has charge which are calculated to ensure publicity and responsibility in relation to all the actions of the proprietors and managers of lunatic asylums; but we see great danger in substituting a despotic centralization in room of the system of personal responsibility, and under the plea of aiding in perfect inspection. The prospects of the Bill in this respect are not entirely reassuring to the true friends of the lunatic. The office or function of the Commissioners in Lunacy is to ascertain and prevent abuse, but we trust that it is not intended to invest them with any power to dictate the mode or course of treatment of patients. This is a matter of opinion and judgment. In this respect the Commissioners are already disposed to exceed their legitimate powers. Thus lately they attempted to enforce an opinion that a patient in a private asylum should not have exclusive apartments, but should be forced into the common room, under the plea of inducing social habits. Here they overstep their functions, and do injustice in two respects especially: they set aside the judgment of the practitioner, and they trample under foot the independent action of the relatives or trustees of the lunatic. It is very well understood that there are certain patients who have an utter aversion to mingling with others afflicted with the various forms of insanity; to these exceptional persons it would be absolute torture to force them into the "day rooms." The friends and practitioner, in the exercise of their friendly discretion and skill, think well to permit the patient the privilege of separate apartments. But the Commissioners interfere in this treatment, and wish to set aside the personal judgment of those concerned, and to force these patients into the common room. It is clear that if the Commissioners be permitted to exercise direct authority over the pecuniary affairs of lunatics, and power over the disposal of their persons, under any other circumstances than such as would constitute an abuse of trust on the part of those who have the care of them, the independence of the medical practitioner, and even the rights of the public at large as to the disposal of their afflicted relatives, would be jeopardized. The question is of public interest, and worthy the attention of those in charge of the Bill.

PUBLIC EXAMINATIONS AT PALL-MALL.

THE College of Physicians of London is busily employed in arranging the details of the new examination, which will be held for the admission of candidates for the licence with privilege to dispense medicines. Of course this examination will be modelled after the approved fashion adopted now by the Universities and Colleges, combining *viva voce* with written examination. There is an important question, however, connected with *viva voce* examinations by collegiate bodies, which may well be discussed at this moment. At the elder Universities, and also in Paris, such examinations are held in the theatres of the schools, and in the presence of graduates and undergraduates. These public examinations have never been found to be alloyed with any inconvenience attributable to their publicity. That circumstance has always been an agreeable and harmless incident of the scene. It is free from objection. On the other hand, it offers many considerable advantages both to the College and to the candidates. The charges of unfairness, of incivility, of error, and of partiality, to which the Examiners of the College of Physicians have been subjected, would cease. Public attendance confers an authentic character on *viva voce* examinations, such as would well consort with the dignity of the College; and since it is recommended by the precedent custom of yet more venerable seats of learning, the proposition is not to be regarded as an academic innovation. The candidates would certainly find themselves benefited by a regulation which would admit a jury to the side of the judge—a jury, it is true, without vote, without power, but by no means without influence. They would then feel secure from insolence, from coarseness, from injustice, or impertinence. The individual peculiarities of the Examiners are softened by the consciousness of the public gaze. But there is no condition more favourable to the development of all the asperities of official character than the habitual enjoyment of the privilege of privately torturing victims whose destiny may be compromised by impatience, and who are bound to long-suffering, if not to servility, by the most pressing considerations of after consequences. Under such circumstances, private malice is secure in the exercise of its vengeance. Even if we suppose that the Examiners of the College remain always free from such influences, which we are very willing to assume, still we should seek to rob the torture chamber of its secrecy, and to deprive the overbearing, the pompous, or the impertinent of the opportunity of gratifying their favourite tendencies unchecked by public opinion. It is manifestly to the interest of the College of Physicians to render the new examination at once as efficient and as popular as possible. The measure of holding publicly the *viva voce* examinations would greatly conduce to both of these results.

MEDICAL REFORM IN VICTORIA.

THE experience of the mother country teaches discretion to the legislators of our colonies. The imperial Parliament is a school for colonial lawgivers; and in imitating our Acts they are enabled to correct the copy by striking out the defects which a little time and practical working have demonstrated. The New Brunswickers some time since followed the initiative in Medical Reform by introducing an excellent Registration Bill, free from the principal defects of our Medical Act; and a draft has been forwarded to us of an improved Bill brought into the Legislative Assembly of Victoria by Mr. J. L. Smith and Mr. Joyeant, to Regulate the Qualifications of Practitioners in Surgery and Medicine, so as to enable persons requiring medical aid to distinguish qualified from unqualified practitioners. This Act is to be entitled "The Medical Act

of Victoria." It creates a Council of Medical Education and Registration, provides for registration, and prohibits unregistered persons from holding public offices, or signing certificates required by any public Act, in the same manner as the Medical Act of Great Britain. The offence of wilfully procuring registration by fraudulent representation is punishable by fine or imprisonment for a term not exceeding twelve months. The most important difference is in the 24th Clause, which provides a fine not exceeding £20, not only for falsely pretending to be a registered person, but for "practising medicine or surgery for lucre or gain without being registered under the Act." This puts an end to the rogueries of all the "non-registered surgeons," "Members of the Reformed College of Surgeons, America," and "Fellows of the Imperial African Medical Institute." It abolishes summarily free trade in medicine, and protects the registered diploma. In Victoria this may be more necessary than in Great Britain.

ANNUITANTS OF THE NAVAL MEDICAL FUND.

THE report which we lately published, recommending the abolition of the Naval Medical Supplemental Fund, now engages a considerable share of the attention of the medical officers of the Navy. It is particularly felt that this step strongly affects the interests of the two hundred widows—annuitants of the Society—whose incomes have been reduced by one-third during the last fifteen years, but who had the hope of a reversion to the annuity of £40 insured for them by their husbands. The reduction was effected by Act of Parliament, and would extend over nine years. Those personally interested felt that it would not be equitable to treat this as a reduction for a lifetime, and that their claims would not be satisfied by life annuities at the present rate of £26 13*s.* 4*d.*; but, rather, ask for annuities of this amount over the next ten years to increase to £40 for the survivors. In order to wind-up the Society, as the report suggests, an Act of Parliament will be necessary, and the opposition of the two hundred widows would not facilitate legislation. We recommend their case to the prior consideration of the committee of inquiry.

PLAY AND PRISON.

THE public has been naturally and grievously shocked by the statement that some scores of children are annually committed to prison for playing in the public streets. Hundreds are charged before the metropolitan magistrates with this offence. Imprisonment would seem to be an unnatural sentence, weighing cruelly upon an inborn necessity of childish development. Yet it may be admitted that the consequences of boyish games pursued in public thoroughfares are often so serious and always so inconvenient, that public repression is called for. It is impossible to ignore the mischief of prohibiting children from recreation in the open air; but it were wrong to encourage them in amusements dangerous to the life and limb of passers-by: such are "tip-cat, marbles, rounders," and the like childish games. It remains to use all possible exertion to provide them with places of public, open-air recreation. Above all, it is right that we should be jealous of any encroachment upon the few yards of open space which are still left here and there in the heart of the metropolis. We cordially echo the protest of Lord Ebury and Lord Shaftesbury uttered in the House of Lords recently against the compromise between the Government and the Corporation of the City by which it is proposed to build over a great part of Smithfield. Forty boys of tender age were committed to Westminster Bridewell last year for attempting to play in the streets; and the paternal Government which consigned these young culprits to the tender mercies of the jailer, at the same time proceed to close up the only piece of open ground available to a dense and unhealthy population of thousands. Near the site are St. Bartholomew's Hospital, Christ's Hospital (with its 1000 boys), and the two great prisons. It is surrounded by thousands of children of the poor, to whom no other exercising ground is contiguous. We hope that the indignant protest of Lords Ebury and Shaftesbury may be of some avail for its preservation.

Correspondence.

"Audi alteram partem."

THE CORONERS' CLAUSE IN THE NEW POOR-LAW MEDICAL RELIEF BILL.

[LETTER FROM MR. GRIFFIN.]

To the Editor of THE LANCET.

SIR,—I did not reply to the note you appended to my letter of the 5th instant, as I felt that we were under considerable obligation to you for assisting in the movement, and, therefore, I ought to allow you to have the last word in your own journal in reference to the Coroner's clause; but now that you have again taken up the subject in a leader of considerable length, I can no longer remain silent. You state that "a great opportunity has been lost through the injudicious attempt to make the Bill carry provisions totally foreign to its professed and only legitimate objects." Excuse me, the Bill was not lost for the cause you assign; indeed, Clauses 37 and 38 had nothing to do with the withdrawal of the Bill. The fact is, that advice was tendered, which I repeated to Mr. Pigott, and he immediately communicated with the party named, and a certain understanding being come to, the Bill was withdrawn. You may possibly not be aware that the Cambridge Board of Guardians, who took the lead in the opposition to the Bill, issued a report, which, I believe, they sent to every member of Parliament; certain it is, that Mr. Pigott had a copy sent to him, which he gave to me. Their grounds of opposition to the Bill were not founded on these sections; indeed they treat them as clauses almost beneath their notice, which undoubtedly display their utter ignorance of a subject on which they were endeavouring to enlighten the Legislature.*

I will not trespass further on your valuable columns than to state, that on the 9th inst. I had an interview with Mr. Pigott, who was confined to his house with a severe cold, and that I left in his hands an amended Bill, which he promised to forward immediately to —— —— for his opinion. A conference will, doubtless, ensue; and in a short time I hope to see a Bill in the House that will meet with the support of Government.

I am, Sir, yours, &c.,

RICHARD GRIFFIN.

12, Royal-terrace, Weymouth, May 12th, 1860.

PIROGOFF'S OPERATION.

[LETTER FROM DR. EBEN WATSON.]

To the Editor of THE LANCET.

SIR,—After some unavoidable delay, I have to-day obtained a copy of Prof. Pirrie's "Principles and Practice of Surgery," on which you say your remarks regarding the performance of Pirogoff's operation without disarticulating at the ankle were founded; and on referring to it, I find that *the name* of the Russian surgeon does *not once occur* in the whole of that work! Why, Sir, Prof. Pirrie's book was published more than a year prior to the date of the paper in which Pirogoff first described his operation. How, then, could Prof. Pirrie modify an operation which had never been proposed?

I have indeed to-day, *for the first time*, discovered that Prof. Pirrie has recommended *Syme's operation* to be performed without disarticulating the foot. I think this anything but an improvement of that operation. If, however, I had known of it before I wrote my paper for your journal, I should have referred to it then. But with his modification of Syme's operation I have nothing whatever to do at present; for surely his having suggested such a modification of *Syme's* operation does

* At this point Mr. Griffin has inserted two paragraphs explanatory of the views of the guardians; and then he has added an enormously long extract from a letter of a medical gentleman, who writes from London, showing the opinions the writer entertains relative to the operation of Clause 38. It is impossible to find space for the nonsense this extract contains.—ED. L.

not give him any right to claim *my* modification of *Pirogoff's*. Besides, you surely have no right to say that his practice of not disarticulating "was understood by the profession to apply to *either* Syme's or Pirogoff's operation;" for you "founded your remarks on Prof. Pirrie's 'Principles and Practice of Surgery,'" and in that work, as I have already stated, the name of Pirogoff does not occur, and of course there is no mention of his operation. How, then, in the name of wonder, could the profession divine that Prof. Pirrie's modification of Syme's operation was applied by him also to Pirogoff's? Has Prof. Pirrie ever published one word about Pirogoff's operation? Not one that I can discover, or, I may add, that you yourself, with your greater erudition, can call to memory; for you confess that you have solely "founded your remarks on Prof. Pirrie's 'Principles and Practice of Surgery'"—a work which was published before perhaps Pirogoff had even conceived the idea of his operation.

As little ground had you for stating, in a former number, that Prof. Pirrie had "*set forth the advantages*" of Pirogoff's operation; for the fact turns out to be that he has never *written* at all on that operation; and if he has *performed* it, of which I have some doubt, he certainly has left it entirely to others to "set forth its advantages." Even if the doubt I have just expressed be unfounded, and if it be true that Prof. Pirrie has performed Pirogoff's operation in the precise manner which I have proposed in my Clinical Lecture published in June, 1859, still, as it is now quite clear that he did not make his practice public in any way whatever, he cannot *now*, or rather you cannot in his name, with the slightest show of reason or justice, rob me of whatever credit is due to the original proposal of the modification of Pirogoff's operation referred to in the above remarks.

Had you been able to prove that I had been anticipated by Prof. Pirrie in making this proposal, I should now have withdrawn my claim to being its author, and done justice to his; but as you have failed to do so, I rather feel that I am in a position to ask you to confess your error, and give me credit for the improvement, as others have already done.

I am, Sir, your obedient servant,

Glasgow, May 8th, 1860. EBEN WATSON, M.D.

*** So far as the evidence goes, Dr. Watson appears to be the first surgeon who has *written* upon Pirogoff's operation *without disarticulation*, and Professor Pirrie's remarks in his "Principles and Practice of Surgery" clearly apply to Syme's amputation. However, our desire at all times is to give credit to whom credit is due; and if we have unintentionally committed an error, we gladly rectify it. At the same time, it is possible, from Dr. Martin's letter (THE LANCET, vol. i. 1859, p. 638), that Professor Pirrie was the first to perform Pirogoff's operation after the manner of his modification of Syme's. There is one name that especially deserves to be mentioned in connexion with this subject, we mean the late M. Baudens, the eminent military surgeon. His labours in this respect have been too much overlooked.—ED. L.

THE CASE OF CÆSAREAN SECTION AT PRESTON.

To the Editor of THE LANCET.

SIR,—In connexion with this case, it may be useful to know what was done about thirty years ago in a case of malacosteon occurring in the practice of Dr. Dick, of this place.

The woman was about forty years of age, and the mother of a family. A considerable period had elapsed since her last parturition, and during this time she had fallen into bad health, with malacosteon as the result. I have no knowledge of the actual measurements of the pelvis, nor do I know the amount of deformity at the pelvic brim, but the distortion at the outlet was so great that the perforator could not be used. Two neighbouring practitioners were called in, one of whom (the late Dr. Liddell, of Carnwath,) simply separated the ischia asunder by sheer strength of arm, used the perforator, and effected delivery. The woman recovered well.

The bearing of this on the Preston case may not be very evident. But *had the inlet been eight lines wider, or a little more*, and the ischia torn asunder, there might have been propriety in attempting embryulcia, in lieu of the Cæsarean section.

I am, Sir, your obedient servant,

Broombank, Midcalder, May, 1860. WALTER WATSON, M.D.

IODIDE OF POTASSIUM IN LARGE DOSES.

To the Editor of THE LANCET.

SIR,—The remarks of Dr. Roods in your last number on the action of iodide of potassium are most valuable, and convey a caution which should be borne in mind by all who have not given so much attention to this subject as its importance deserves. Though without the experience of that gentleman, I have long been convinced, as I stated in a former letter, that, even if not injurious, large doses of this drug are unnecessary. Whether the physiological action of iodide of potassium is necessary in order to obtain its therapeutic effects, is still an unsettled question. In concluding my remarks, however, on this subject, I will state my opinion by the three following propositions:—

1. The therapeutic action of iodide of potassium is manifest where no physiological action is produced.
2. The therapeutic action of iodide of potassium is manifest where no physiological action *can be* produced.
3. The therapeutic action of iodide of potassium *may not* be produced where its physiological action is great.

I am, Sir, your obedient servant,

Cheltenham, May, 1860. R. S. SIDSON, M.D.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

MR. HANCOCK'S operation for the relief of acute glaucoma (the details of which were given in THE LANCET a few weeks back) has been recently tried at Paris by M. Desmarres. The case selected for testing the value of Mr. Hancock's mode of treatment was one of extreme severity. The intra-ocular pressure seemed to have attained its maximum, the globe of the eye being as hard as a marble; the iris widely dilated, and the cornea nebulous and rough; the colour of the deep-seated structures very characteristic, and the neuralgic symptoms most distressing to the patient. Within twelve hours of the operation all the symptoms had improved, and at the present moment (it is now five weeks since the event) the patient is fully as much benefited as if the most successful iridectomy had been performed. M. Desmarres intends to continue his trial of this plan of treatment, and I hope on some future day to have the pleasure of announcing the result to your readers.

The anæsthetic properties of the bromide of potassium have been turned to good account by M. Guersant, surgeon to the Hôpital des Enfans Malades, in the performance of operations in the neighbourhood of the throat and pharynx, and more especially in that of staphyloraphy in the case of children. This practitioner has found that the administration of this salt in subdivided doses, to the amount of ten grains daily for a certain period, will produce a state of anæsthesia, more or less complete, in the parts concerned in the above-mentioned operation, rendering the employment of chloroform unnecessary, and still giving the surgeon the benefit of his patient's co-operation.

The annual fancy bazaar in aid of the British Charitable Fund has this week been held at the Embassy, under the auspices of Lady Cowley and a large staff of ladies of distinction. The receipts are considerable—about £1200; fully equaling the average of former years. This institution, wholly dependent on voluntary contributions, was founded in 1822, and has for its object the carrying out at Paris, on a more generous and sympathizing system, of the scheme of poor relief at present in operation in England. The poor class of British residents at Paris is very numerous; certain occupations are as much the *spécialité* of the "*Anglais*" here, as is water-carrying the exclusive privilege of the Auvergnat, or errand-running of the Savoyard. The services of the English are considered in this capital as indispensable to the well-being of the livery-stable, the stud, and in fact most of the details connected with horse-keeping; and many hundreds of them earn their bread as coachmen, jockeys, grooms, rough-riders, or helpers. Some also find employment as saddlers, gas-fitters, cotton-spinners, calico-printers, and shopmen, not to mention the scores of language-masters and governesses in private families and schools. For this considerable population no provision is made by the authorities in the way of poor relief, and this vacuum is filled up by the British Charitable Fund single-handed; of its merits and beneficial action, therefore, it is impossible to say too much. Its functions are naturally very varied. The sick and infirm, the aged, the widow and orphan,

the mechanic out of work—all, in short, who from bodily infirmity or misfortune have fallen into poverty, receive the attention and aid (pecuniary or medical) appropriate to their especial circumstances. About 3000 persons are thus annually relieved; and in those cases in which the applicants are unable to gain a livelihood at Paris, free passages are granted to England, to the number of nearly 300 yearly. In addition to the above, pensions are allowed to widows, orphans, and deserted children, many of the latter being maintained and clothed at the expense of this Society. Moreover, no distinction of sect or creed is made, and the religious tenets of the applicant are never inquired into. The business of the Fund is transacted by a committee of gentlemen, the local clergy and most of the resident English medical practitioners taking the lead in the active administration.

Paris, May 12th, 1860.

Parliamentary Intelligence.

HOUSE OF COMMONS.

MONDAY, MAY 14TH.

NUISANCES REMOVAL AND DISEASES PREVENTION BILL.

THE HOUSE went into Committee on this Bill.

Mr. LOWE said he would state shortly the object of the Bill, which was to establish a satisfactory local power for the present defective system in every place in the country. At present a great majority of the local boards neglected a primary duty, the appointment of a medical officer; and it was the object of the Bill to give power to the local boards of health, municipal corporations, and inspectors of nuisances to appoint a medical man and make provision for the public health. The Bill did not aim at centralization, but merely to establish a perfect organization, and substitute the guardians of the poor for those bodies who had imperfectly discharged their duty.

Mr. BRIGHT objected to the Bill as a retrograde measure. Several Bills had been introduced from time to time, each with more extended powers than the preceding; and in 1855 a Committee of the House had been appointed to consider the Board of Health and the Nuisances Removal Bill. He hoped the present Bill would not be pressed, and that they should be allowed a month to consider it. (Cries of "Progress.") He should move that the Bill be postponed for a month.

Lord FERMOY said they had a statement from the hon. gentleman which they should have had on the second reading. At this hour (twenty minutes to one o'clock) they could not go into the general question, and he should move that the Chairman report progress.

Mr. LOWE would not oppose the motion for reporting progress, but the admission made by the hon. gentleman who spoke last but one showed that in a majority of instances the present machinery was defective.

The CHAIRMAN reported progress, and the House resumed.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following members, having been elected Fellows at previous meetings of the Council, were admitted as such on the 10th inst.:—

The Right Rev. the Lord Bishop of Labuan (Francis Thomas McDougall); diploma of membership dated June 3, 1839.
Bennett, Henry, St. John's-hill, Shaftesbury; May 20, 1825.
Colgate, Robert, Eastbourne; September 6, 1805.
Dalton, William Ruffell, Royal Navy; April 24, 1835.
Greenwood, William, Huddersfield; September 2, 1825.
Hale, Frederic Howe, H.M. Consul at Whampoa, Canton; January 14, 1842.
Hall, William, Hackney; June 1, 1821.
Ness, John, Helmsley, Yorkshire; March 10, 1843.
Prosser, Thomas, Monmouth; April 26th, 1843.
Randall, John, Portman-street, Portman-square; May 8, 1840.
Shute, Gay, Greenwich; November 14, 1834.
Smyth, Spencer Thomas, Great Yarmouth; August 5, 1842.
Strover, Thomas Rogers, H.M. Bengal Army; April 10, 1838.
Woolcott, John, Brook-street; December 3, 1841.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, May 10th, 1860.

Baines, Charles William, Bradford-on-Avon, Wilts.
Hayward, Henry, Brighton.
Kitching, Thomas, Mount Stead, Yorkshire.
Laverick, John Valentine, Hinderwell, Yorkshire.
Pritchit, James Lechmere, Osbourne, near Folkingham.
Sequeira, James Scott, Jewry-street, Aldgate.
Thompson, Herbert, Westerham, Kent.
Whalley, William, Oxenhope, near Keighley.

The following gentlemen also on the same day passed their first examination:—

Clarke, Alfred Frederick Stafford, Manchester School of Medicine.
Hemstone, George, Broughton, Manchester.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—The following gentlemen, having completed the course of examinations, were admitted to the double qualification on the 10th inst.:—

Cahill, Mark, Kilkenny.
Connon, William, Aberdeenshire.
Donovan, Jeremiah, Skibbereen.
Jones, William Henry, Cork.
Lauder, Henry Scott, Rome.
Simpson, Pierce Adolphus, Dublin.

UNIVERSITY OF ST. ANDREWS.—The following is a list of the gentlemen on whom the degree of Doctor of Medicine was conferred on the 11th inst.:—

Appelbee, Edw., Cropthorne, Worcestershire.
Bannister, Alfred J., Chelsea.
Barlow, Wm. Henry, Manchester.
Bernard, John C., Trinidad.
Bower, Edmund, Weymouth.
Brown, Edward A., Eastwood, Notts.
Bubb, Horatio W., Wellyn, Herts.
Cann, Thomas, Seaton, Devon.
Cary, Tristram, Ireland.
Charlton, Egbert, Tonbridge.
Cheesman, John, Huntingdon.
Cook, John, London.
Cuthbert, Clarkson, Edinburgh.
Danson, Henry, London.
Dickson, John Steele, Belfast.
Drewry, George Overend, London.
Duckworth, Frederick, Madras.
Earle, Frederick John, Sydenham.
Fawkner, John, Manchester.
Gardiner, William, Cork.
Gibson, Thomas, Liverpool.
Gillespie, Franklin, Cork.
Goyder, David, Glasgow.
Hall, E. F., Thetford, Norfolk.
Holland, R. C. B., Clifton, Bristol.
Howard, J. F., Shaw, near Oldham.
Hudson, G., Newport, Yorkshire.
Lawrence, A. G., St. Mary's Hospital, London.
Leachman, Albert W., London.
Ledward, Ralph W., Manchester.
Monro, William, Arbroath.
Mott, C., Walton-on-Thames, Surrey.
Orton, George, Leicestershire.
Rea, Hugo Porter, Belfast.
Ringrose, Ernest, Barnet.
Snape, Charles, Great Stanmore.
Southwood, Joshua, London.
Stovin, C. P., Rotheram, Yorkshire.
Statter, F. A., Upper Sydenham.
Thin, George, Penicuik.
Thompson, A., Sandford, Cumberland.
Tronson, J. M., Assist.-Surg. H.M.S. *Hogue*, Greenock.
Turner, Roger, Petworth.
Walker, George, Manchester.

COLLEGIATE ELECTION.—The annual election of Fellows into the Council of the Royal College of Surgeons of England will take place on Thursday, the 5th of July next.

ST. THOMAS'S HOSPITAL.—The following operations are expected to be performed on Saturday, the 19th inst. (this day), at one o'clock, by Mr. Solly: Excision of knee-joint and for disease of tarsus.

MUNIFICENCE.—The late Major-General Wm. Henry Law, of Pall-mall, who died on the 29th of March last, has bequeathed £2000 to be divided equally amongst the following medical charities:—St. George's, St. Mary's, the Westminster, and Cancer Hospitals.

APPOINTMENT.—Dr. M. Prosser James was elected Physician to the City Dispensary, at a meeting of the governors on the 7th inst.

DR. NOBLE, of Manchester, has had conferred upon him the honorary degree of Master of Arts by the University of St. Andrews.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The next meeting (the thirtieth) of this Association is fixed for Wednesday, the 27th of June.

PIMLICO LITERARY AND SCIENTIFIC ASSOCIATION.—Dr. Aldis, Medical Officer of Health, delivered a lecture at this Institution on Monday last, "On the Power of Individuals to Prevent Melancholy in Themselves." The room was full, and C. Moody, Esq., M.P., occupied the chair.

DROWNING IN A WATER BED.—On Monday last an inquest was held at the County Lunatic Asylum, Colney Hatch, on the body of Martha Draper, one of the patients, she having been accidentally drowned in consequence of the bursting of a water bed.

DISSECTING WOUNDS.—M. Ch. Phillips, a surgeon well known in Paris by very successful labours in urinary pathology and practice, has been in a very precarious state from a dissecting wound, but is now recovering.

ROYAL MEDICAL BENEVOLENT COLLEGE.—Since the festival of this institution on the 26th ultimo, when the treasurer announced the collection of the day, and the ladies' contribution to the Building Fund, amounting together to £3700, the following legacies and donation have been communicated—viz.: From the late Mr. Collison, Newport Pagnell, £200; from the late Mr. R. W. Brown, Honorary Local Secretary for Bath, £500; and the munificent sum of £105 from Mr. Henry Arthur Hoare, through his medical attendant, Mr. Veasey, of Woburn.

RE-OPENING OF THE MEDICAL DEPARTMENT OF QUEEN'S COLLEGE, BIRMINGHAM.—At a Meeting of the Professors of Queen's College, held on the 9th inst., Mr. Sands Cox made the following statement:—"I did not receive, until late on Monday evening, the resolutions of the Council of Queen's College; and, unfortunately, I was compelled to visit a patient at Henley-in-Arden yesterday, or I should have requested you to have met earlier. In the first place, I beg to call your attention to the resolutions of the Council on the 17th of April: 'That seeing that the opening of the resident department in Paradise-street, during the ensuing term, would entail expenses which the funds of the College are unable to meet, that the resident department be forthwith closed, and that notice be sent accordingly to the resident students.' 'That in consequence of the determination of the medical professors to discontinue lecturing during summer term, and the prior resolution respecting the resident department, together with the financial difficulties of the College, it is not considered expedient to re-assemble the non-resident students after the close of the present vacation.' On the 21st and 22nd of April, I received letters from Mr. Syson, of Debach, Mr. Bath, Glastonbury, Mrs. Perks, Lichfield, Mrs. Carreg, Isle of Man, and others, complaining of breach of contract on the part of the College. Mr. Syson stated that he had paid nearly £100 fees in advance last October. As the professional guardian of the sons of these parties, I deemed that I was in honour bound to submit these communications to a legal friend, and was advised by him to apply through Sir H. Cairns, to the Court of Chancery for an injunction to restrain the College from closing its doors. Through the strenuous and unwearied exertions of Mr. John Suckling, the injunction was granted. At a meeting held on Monday last, it was resolved, 'That board be provided for the resident medical students, and that the professors be requested to deliver their lectures,' and that a copy of the resolution be forwarded to all the students, informing them that commons and instruction will be provided as usual. A scheme proposed by the warden, Mr. Chancellor Law, has been carried in Council, by which all the debts of the College will be paid, and I have undertaken to take charge of the resident students until the end of the term. A short time ago the Professor of Materia Medica and the Professor of Midwifery sent in their resignations, which were not accepted—the law providing 'that whenever any professor wishes to resign his office, he shall give *six months*' notice by letter, addressed to the Council, provided no such resignation take effect during the currency of a term.' Moreover, in the printed prospectus, issued from the College by the Dean of the Faculty, it has been publicly announced that the Lectures on Midwifery will be delivered during the summer session by Professor Berry, and the Lectures on Materia Medica by Professor Fleming. I feel confident that these professors are gentlemen of too high honour and integrity to refuse to redeem their pledge. The hatchet has been buried in the Council, and I trust unanimity, harmony, and good feeling will now be restored. With regard to myself, I shall be most willing, as I have before proposed, to divide my Chair with any gentleman the professors may select; and should Dr. Bond continue to belong to the professorial body, I shall be most happy to find him associated with myself as Vice-Dean, an office which has been instituted both in King's College, and in University College, London." Professor Knowles will deliver the Introductory Lecture on Friday, at one o'clock; Professor Berry will lecture on Monday, at eight o'clock; Professor Postgate, F.R.C.S., at three o'clock, on Monday; and Professor Jordan, at one o'clock, on Tuesday. The Rev. William Poulton, the Resident Chaplain, has returned into residence; and we are requested to state that a distinguished chemist is prepared to accept the only vacant chair.—*Aris's Birmingham Gazette*, May 14th.

UTILIZATION OF THE SEWAGE OF LONDON.—The Metropolitan Board of Works has determined to invite tenders from parties who may be willing to take the sewage of London to be conveyed by the main outfall sewers, either for the purpose of rendering it innocuous, or for removing and disposing of it, with a view to its application to agricultural or other purposes. The Board had previously received a proposal from Mr. Shepherd, C.E., to enter into a negotiation for the use of the whole of the sewage of London for one hundred years.

POOR-LAW MEDICAL RELIEF BILL.—Down to the present time there have been presented to the House of Commons, from medical officers, for redress of grievances, 246 petitions, bearing 2622 signatures; in favour of the Bill (lately withdrawn), 51 petitions, bearing 697 signatures; and against the Bill, 301 petitions, of which 265 are signed officially or under seal, together bearing 831 signatures.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE IN GLASGOW.—On the 8th inst., a meeting of the influential citizens of Glasgow, convened by the Lord Provost, was held in the Council Hall, to make arrangements for the proper reception of the body of philosophers and philanthropists who usually attend the meetings of the Association. Mr. Hastings, the London Secretary, was present to give information connected with the management of the forthcoming meeting. The meeting was presided over by the Lord Provost. Committees were named, and it was arranged that Monday, the 25th of Sept., should be the first day of meeting.

POLYTECHNIC INSTITUTION.—A public meeting was held on Monday last for the purpose of furthering the interests of the Company which has undertaken the management of that admirable Institution. The claims which it possesses to public support were ably set forth by the various speakers; and we are glad to find that the financial prospects of the undertaking are on the whole encouraging.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MAY 12TH.—The return for the week that ended last Saturday exhibits a considerable reduction in the deaths in London, the number being 1111. Small-pox, scarlatina, and whooping-cough have decreased; but measles and typhus have increased. The deaths from small-pox were 16, from scarlatina 25, from whooping-cough 42, from measles 53, from typhus 34. Those from phthisis, bronchitis, and pneumonia were respectively 141, 88, and 62. The births were—boys, 786; girls, 819.

MEDICAL DIARY OF THE WEEK.

MONDAY, MAY 21

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—3½ P.M. Dr. Brown-Séquard, "On Paralysis and Epilepsy."
MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures (second and last): Mr. H. Haynes Walton, "On the Ophthalmoscope and its Application," with Practical Illustrations.

TUESDAY, MAY 22

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. T. Spencer Cobbold, "On Herbivorous Mammalia: The Zebra, &c."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Dr. H. Kennedy, of Dublin, "On Typhus and Typhoid Fevers as seen in Dublin."—Dr. Jenner, "On Congestion of the Heart, and its Local Consequences."

WEDNESDAY, MAY 23

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
LONDON INSTITUTION.—7 P.M. Dr. T. Spencer Cobbold, "On the Structure and Habits of the Mammalia."
HUNTERIAN SOCIETY.—8 P.M. Mr. Hutchinson, "On Diseases of the Skin, considered as Symptoms."

THURSDAY, MAY 24

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
LONDON HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
ROYAL INSTITUTION.—3 P.M. Professor Ansted, "On Decay and Preservation of Building Materials."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables."

FRIDAY, MAY 25

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Wm. Pengelly, "On the Devonian Fossils of Devon and Cornwall."

SATURDAY, MAY 26

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. F. A. Abel, "On Gunpowder and Gun-cotton."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Quekett, "On the Component Parts of Animals and Vegetables."
SOUTH KENSINGTON MUSEUM.—4 P.M. Dr. Lankester, "On Food: Oil, Butter, and Fat."

To Correspondents.

THE REGULATION OF COW-HOUSES.

TAURUS.—The Board of Works has inserted a clause in the Bill for Amending the Metropolis Local Management Act, now before Parliament, which is intended to have the effect of subjecting cow-houses to the same regulations as are now binding upon the keepers of slaughter-houses. Thus the cow-houses will be brought under the supervision and control of the Medical Officers of Health and the Inspectors of Nuisances. The cows will be more comfortable, the milk better, and the vicinity of these establishments more salubrious.

A Volunteer Artilleryman.—A full surgeon in the artillery ranks with a major, and *after* twenty years' service as lieutenant-colonel, so that he always ranks as a field officer.

A Young Practitioner.—We cannot recommend it.

Medicus.—It will not be necessary for students commencing medical studies after 1861 to graduate at a University for the purpose of admission to either of the English or Scotch Colleges; but they will have to undergo a preliminary examination in general attainments. The special regulations of each College must be consulted with reference to this subject.

Newcastle.—We know nothing of the proceeding beyond what is detailed in the paragraph sent to us.

The Guernsey Case.—We have received many communications concerning the appointment of Dr. Ozanne. We are compelled to postpone the consideration of them until our next publication.

A. B. C.—He cannot practise in England unless he be registered.

M.R.C.S., (Halifax.)—The qualification is accepted by the Poor-law Board.

THE POOR-LAW MEDICAL RELIEF BILL.

To the Editor of THE LANCET.

SIR,—Every Poor-law medical officer must concur in your remarks in last week's LANCET as to the cause of the withdrawal of the Poor-law Medical Relief Bill. The sole aim and object of such a Bill is to obtain really some more adequate remuneration for our hard services, granting at the same time sufficient security for due attention to the sick poor. If such clauses can be introduced, by which a portion could be paid out of the county rate, and, as the law stands at present, half out of the Consolidated Fund, the increase to ratepayers would be infinitesimal. If Mr. Griffin or the concoctors of a future Bill would confine themselves to these simple views, without all the unnecessary and extraneous clauses in the last programme, I feel confident that we shall receive the sympathy of Parliament, and meet with no such opposition either from the Poor-law Board or local boards of guardians. I speak from an experience of eighteen years in the Poor-law service, and subscribe myself,

A MEMBER OF THE COMMITTEE OF THE POOR-LAW
May, 1860. MEDICAL REFORM ASSOCIATION.

To the Editor of THE LANCET.

SIR,—I beg to inform those Poor-law medical officers who think they can forward the present movement in our favour by enlightening the public, either generally through the means of the newspaper press, or by putting into the hands of their friends and neighbours a short printed statement of the present state of the question, and a brief *résumé* of our case, that I have directed the printer of a local paper, in which I have inserted letters on the subject, to strike off a number of copies of them, and to keep the type standing for a short time. The quantity of printed matter is equal to that of between one and two columns of *The Times*, and consists mainly of extracts from official documents, evidence given before the Select Committee of the House of Commons, Mr. Griffin's letters and tables, &c. Those who consider it too long for insertion in the local papers can curtail it, or some parts may be omitted in favour of statements of facts of local interest.

It is hoped that gentlemen will find the whole suggestive; they will assuredly save much time and trouble necessary to collect and arrange the materials for themselves by procuring these printed slips. To pay for postage, printing, &c., they will be charged thus:—One or two copies, 4*d.*; four, 5*d.*; six and above, 1*d.* each. They will be sent on application by letter, enclosing the proper number of postage-stamps, to L., at Brown's Library, Canal-street, Salisbury.

I am, Sir, your obedient servant,
May, 1860. MEDICUS.

Dr. Hughes.—The case forwarded to us is one for a court-medical. It is impossible to arrive at any just conclusion upon the merits of the case from *ex-parte* statements. It is unwise to bring professional differences before a public tribunal, when they can be settled in a private way.

M.R.C.S.E. will find, on inquiry, that such an examination has been instituted. There is some difficulty in determining which is the best course to pursue.

W. A. R.—The Medical Register is published at the Office, 32, Soho-square. The name and qualifications should be inserted in that list.

Offensive Breath.—There is no "simple remedy" applicable to all cases. It depends upon various causes.

M.R.C.S.E.—The particulars of the case headed "More Quackery" should be forwarded to the Vigilance Committee of the London Medical Registration Association.

A Constant Reader, (Carlisle.)—No person can legally assume the title who is not registered according to the provisions of the Medical Act.

Forceps.—Not for medicines in medical cases. The Apothecaries Act is still in force.

P. P., (Flint.)—Such a certificate will be received by the College of Surgeons.

E. P. H. (Norfolk) is mistaken with regard to certain provisions of the Medical Act. Gentlemen holding foreign diplomas, which it can be shown were granted to them after proper examination, are entitled to register. The registration of those "qualifications" only is refused which have been obtained merely by a sum of money, and which consequently give no evidence of the fitness of the possessor to practise medicine.

A Student of Medicine (Liverpool) will find a full analysis of Du Barry's Food in THE LANCET, June 14th, 1851.

Medicus.—1. Yes.—2. Ever since the establishment of the College of Physicians.—3. It depends on various circumstances.—4. It is a matter of choice.

W. W., (Norton.)—The remedy is useful in some cases of paralysis.

THE TITLE OF "DOCTOR" AND THE L.R.C.P.S OF EDINBURGH.

To the Editor of THE LANCET.

SIR,—A correspondent in your journal of May 5th gives certain reasons why the licentiates of the Edinburgh College of Physicians should use the title of "doctor." Probably he is not aware that many have purchased the license without any examination, and consequently without any practical test of their fitness to assume that title.

Several gentlemen have had the title of L.R.C.P. Edin. sent to them by payment of £10, without any examination, and one of them has never passed any *medical* examination; yet that the public may understand he can give superior advice in medical matters, and that he is practising the higher branches of his profession, he has dropped the word "surgeon," and placed "Dr." upon his door; at the same time that he is a "club doctor," attending persons by the year for something like 2*s.* 6*d.* Surely this is not in accordance with the reasons for using the title of "doctor." I believe all but one who have thus obtained the licence in my neighbourhood are club doctors.

I have nothing to say against any of these gentlemen either in their private or professional conduct, for I esteem them all for their usefulness, except that I consider no person is entitled to call himself "doctor" who has merely *purchased* the title without having passed any examination for it.

I remain, Sir, yours truly,
May, 1860. M.R.C.S.

Mr. G. E. Hyam, (Newton Abbott, Devon.)—We cannot insert the particulars, nor can we prescribe for the case mentioned. We would recommend our correspondent to consult some neighbouring practitioner, and be guided by his advice.

Inquirer.—He is eligible for the appointment.

Mrs. Henry.—We do not give advice in this place. The "family doctor" will answer the question.

Mr. J. Crichton.—The communication shall appear in an early number.

THE BIRMINGHAM DENTAL DISPENSARY.

To the Editor of THE LANCET.

SIR,—In looking over your journal of last Saturday, I noticed a paragraph taken from the Report of the above-named institution, which is calculated to leave an impression upon the minds of some of your readers that the only operation performed at the dispensary is extraction. The following extract from the same Report I trust will remove any such impression:—

"Number of patients admitted, 1858—males, 327; females, 319; total, 646. Number of patients admitted, 1859—males, 551; females, 507; total, 1058.—Operations performed, 1858—stopping, 177; scaling, 50; extraction, 470; various, 49; total number performed, 755. Operations performed, 1859—stopping, 277; scaling, 105; extraction, 717; various, 98; total number performed, 1859, 1197.—Grand total of patients, 1858 and 1859, 1813; grand total of operations performed, 1858 and 1859, 1952. The Report for 1859 shows an increase in the attendance of patients over the previous year to the number of 413; the increase in the number of operations is 442."

I am, Sir, yours respectfully,
May, 1860. S. A. PARKER, Dentist to the Dispensary.

ERRATA.—In the list of gentlemen who passed their primary examination in Anatomy and Physiology at the Royal College of Surgeons, published in THE LANCET last week, *for* Richard Lloyd, *read* Richard Lord.—And in the advertised list of gentlemen who received the licence of the Royal College of Physicians of Edinburgh on April 20th, *for* John Martin, Liverpool, *read* John Martin, Welshpool.—These errors are continually occurring owing to carelessness in official quarters.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Brinton; Mr. Weeden Cooke; Dr. Brown-Séquard; Mr. J. Crichton, Dundee; Mr. Sands Cox, Birmingham; Dr. Semple; Dr. Sisson, Cheltenham; Dr. Noble; Dr. Ozanne, Guernsey; Mr. Summers; Dr. Aldis; Professor Tufnell; Dr. Devenish; Mr. Simpson; Dr. Chuckerbutty; Dr. Thomas, Stainthorpe; Mr. S. Spratt; Dr. Henry Bird; Mr. Blower, Bedford; Mr. Luxford, Newbury; Mr. Richards, Leeds; Mr. I. B. Brown; Mr. J. Godden, Birkenhead, (with enclosure;) Dr. Douglas, Royal College of Physicians, Edinburgh, (with enclosure;) Dr. Massy, (with enclosure;) Mr. Bowes, (with enclosure;) Mr. Stewart, Needham Market, (with enclosure;) Mr. Taylor, Kingsclere, (with enclosure;) Mr. T. B. Burnes, Thaxted; Mr. Martin, Welshpool; Mr. Eaton, Grantham, (with enclosure;) Mr. Bantock, Wolverhampton; Mr. Vigurs, Newlyn East; Mr. Newham; Mr. Kitching, Wakefield; Mr. E. Davis, Pontypridd, (with enclosure;) Dr. Kavanagh, (with enclosure;) Mr. Pickett, (with enclosure;) Mr. Creagh, (with enclosure;) Mr. Fitzpatrick, Bath, (with enclosure;) Mr. Kent, Waltham; Dr. Evans, Narberth, (with enclosure;) Mr. Combs, (with enclosure;) S. R.; St. Thomas's Hospital; A Medical Officer and Subscriber; M.R.C.S.E.; An Old Subscriber, Handsworth; A. C.; A. B., (with enclosure;) Medicus; Taurus; W. W., Norton; W. A. R.; A Constant Reader, Carlisle; A Young Practitioner; &c. &c.

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6 Egg Spoons, Gilt Bowls ...	0 10 0	0 13 6	0 15 0	0 15 0
2 Sauce Ladles	0 6 5	0 8 0	0 9 0	0 9 6
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1 Pair of Fish Carvers	1 4 0	1 7 6	1 10 0	1 12 0
1 Butter Knife	0 2 6	0 5 6	0 6 0	0 7 0
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